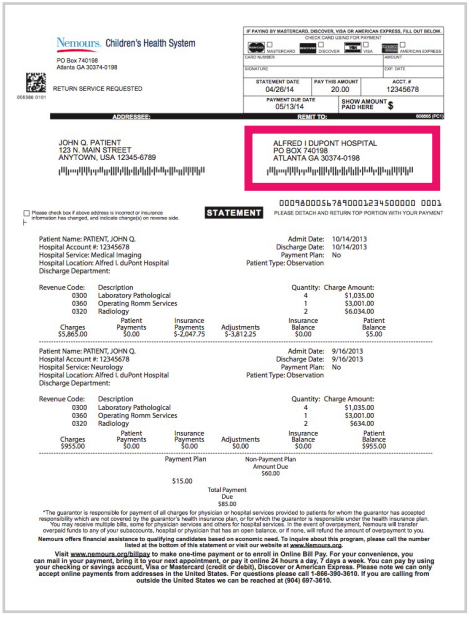
Sample Statement

View billing name (highlighted in red) to select correct payment area.



Nemours Children's Health System

PO Box 740198
Atlanta GA 30374-0198

RETURN SERVICE REQUESTED

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.
CHECK CARD USING FOR PAYMENT

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
04/26/14	20.00	12345678

PAYMENT DUE DATE: 05/13/14
ENTER AMOUNT PAID HERE: $

ADDRESSEE:

JOHN Q. PATIENT
123 N. MAIN STREET
ANYTOWN, USA 12345-6789

REMIT TO:

ALFRED I DUPONT HOSPITAL
PO BOX 740198
ATLANTA GA 30374-0198

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Patient Name: PATIENT, JOHN Q.
Hospital Account #: 12345678
Hospital Service: Medical Imaging
Hospital Location: Alfred I. duPont Hospital
Discharge Department:

Admit Date: 10/14/2013
Discharge Date: 10/14/2013
Payment Plan: No
Patient Type: Observation

Revenue Code:	Description	Quantity:	Charge Amount:
0300	Laboratory Pathological	4	$1,035.00
0360	Operating Romm Services	1	$3,001.00
0320	Radiology	2	$634.00

Charges	Patient Payments	Insurance Payments	Adjustments	Insurance Balance	Patient Balance
$5,865.00	$0.00	$-2,047.75	$-3,812.25	$0.00	$5.00

Patient Name: PATIENT, JOHN Q.
Hospital Account #: 12345678
Hospital Service: Neurology
Hospital Location: Alfred I. duPont Hospital
Discharge Department:

Admit Date: 9/16/2013
Discharge Date: 9/16/2013
Payment Plan: No
Patient Type: Observation

Revenue Code:	Description	Quantity:	Charge Amount:
0300	Laboratory Pathological	4	$1,035.00
0360	Operating Romm Services	1	$3,001.00
0320	Radiology	2	$634.00

Charges	Patient Payments	Insurance Payments	Adjustments	Insurance Balance	Patient Balance
$955.00	$0.00	$0.00	$0.00	$0.00	$955.00

Payment Plan: $15.00

Non-Payment Plan Amount Due: $60.00

Total Payment Due: $85.00

*The guarantor is responsible for payment of all charges for physician or hospital services provided to patients for whom the guarantor has accepted responsibility which are not covered by the guarantor's health insurance plan, or for which the guarantor is responsible under the health insurance plan. You may receive multiple bills, some for physician services and others for hospital services. In the event of overpayment, Nemours will transfer overpaid funds to any of your subaccounts, hospital or physician that has an open balance, or if none, will refund the amount of overpayment to you.

Nemours offers financial assistance to qualifying candidates based on economic need. To inquire about this program, please call the number listed at the bottom of this statement or visit our website at www.Nemours.org.

Visit www.nemours.org/billpay to make one-time payment or to enroll in Online Bill Pay. For your convenience, you can mail in your payment, bring it to your next appointment, or pay it online 24 hours a day, 7 days a week. You can pay by using your checking or savings account, Visa or Mastercard (credit or debit), Discover or American Express. Please note we can only accept online payments from addresses in the United States. For questions please call 1-866-390-3610. If you are calling from outside the United States we can be reached at (904) 697-3610.

NEMOURS CHILDREN'S SPECIALTY CARE
PO BOX 530253
ATLANTA GA 30353-0253

NEMOURS NJ PHYSICIAN PRACTICES
PO BOX 530277
ATLANTA GA 30353-0277

CHILDREN'S HEALTH ALLIANCE, LLC
AN AFFILIATE OF NEMOURS
PO BOX 530313
ATLANTA GA 30353-0253

NEMOURS CHILDREN'S SPECIALTY CARE
PO BOX 530253
ATLANTA GA 30353-0253

NEMOURS CHILDREN'S HOSPITAL
PO BOX 105534
ATLANTA GA 30348-5534