


Easier to Read Statement



ABOUT YOUR ACCOUNT

Thank you for choosing UMass Memorial Health. The balance due is your responsibility and is due upon receipt. See other side to see how you can save 20% off your balance.

▶ GUARANTOR SUMMARY

Guarantor ID 4380
 Patient Name Mary Q. Patient
 Statement Date 9/26/21
 Total Charges \$640.00
 Total Patient Payments/Adjustments \$25.00
 Total Insurance Payment/Adjustments \$565.00
 Total Amount Due this Statement \$50.00

Pay bill online at: mychartonline.umassmemorial.org

YOUR RESPONSIBILITY TO PAY	\$50.00	DUE: UPON RECEIPT
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▶ INSURANCE If this information is not correct, see back.

Primary Insurance My Insurance Inc.
 Subscriber Mary Q. Patient
 Subscriber ID XXXXXX6789
 Secondary Insurance
 Subscriber
 Subscriber ID

If you have any questions, contact us at 800-225-8885 or email at billinginquiries.medctr@umassmemorial.org. We can assist you with making payments or discuss your balances. Our business hours are Monday – Friday 9:00am – 4:30pm

PROFESSIONAL SERVICES STATUS: CURRENT
 FOR MARY Q. PATIENT'S VISIT WITH FRIEDMAN, MARK M. ACCOUNT # 1000000001

DATE(S) OF SERVICE	DESCRIPTION OF SERVICE	CHARGES	PATIENT PAYMENTS/ADJ	INSURANCE PAYMENTS/ADJ	INSURANCE PENDING	YOUR RESPONSIBILITY
8/19/21	OFFICE OUTPATIENT VISIT 30 MINUTES	\$225.00				
8/21/21	PATIENT ADJUSTMENT		\$25.00			
8/28/21	INSURANCE PAYMENT			\$150.00		
TOTALS FOR THIS SECTION		\$225.00	\$25.00	\$150.00	\$0.00	\$0.00


HOSPITAL SERVICES STATUS: CURRENT
 FOR MARY Q. PATIENT'S SERVICES AT UMASS MEMORIAL MEDICAL CENTER ACCOUNT # 1000001419

DATE(S) OF SERVICE	DESCRIPTION OF SERVICE	CHARGES	PATIENT PAYMENTS/ADJ	INSURANCE PAYMENTS/ADJ	INSURANCE PENDING	YOUR RESPONSIBILITY
8/22/21	VENIPUNCTURE	60.00				
8/22/21	BLOOD COUNT MANUAL DIFF WBC	70.00				
8/22/21	CBC & PLATELET COUNT	60.00				
	INSURANCE PAYMENT			\$190.00		
TOTALS FOR THIS SECTION		\$190.00	\$0.00	\$190.00	\$0.00	\$0.00

PHARMACY STATUS: CURRENT
 FOR MARY Q. PATIENT'S MEDICATIONS ACCOUNT # 1000000001

DATE(S) OF SERVICE	DESCRIPTION OF SERVICE	CHARGES	PATIENT PAYMENTS/ADJ	INSURANCE PAYMENTS/ADJ	INSURANCE PENDING	YOUR RESPONSIBILITY
8/26/21	SILDENAFIL	\$225.00				
	INSURANCE PAYMENT				\$225.00	
TOTALS FOR THIS SECTION		\$225.00	\$0.00	\$0.00	\$225.00	\$0.00
TOTAL CHARGES ▶		\$640.00	\$25.00	\$340.00	\$225.00	\$50.00


▼ TEAR HERE AND RETURN BOTTOM STUB WITH YOUR PAYMENT. KEEP TOP PORTION. ▼ SEE REVERSE FOR IMPORTANT INFORMATION ▶



PO Box 419591
Boston MA 02241-9591


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

#BWNXXXXX
#000 0000 0000 00000 0#
Mary Q. Patient
123 MAIN ST
NEW BEDFORD MA 02740



GO PAPERLESS


Sign up for a MyChart account at mychartonline.umassmemorial.org or scan code to pay as a guest




STATEMENT DATE	GUARANTOR ID	PAY THIS AMOUNT	SHOW AMOUNT PAID
9/26/2021	4380	\$50.00	

Make checks payable to UMass Memorial Health

UMASS MEMORIAL HEALTH
PO BOX 419591
BOSTON MA 02241-9591





Your guarantor ID.

Payment expected and date due.

Hospital charges, physician charges, pharmacy, and home health and Hospice will be listed on one statement.

The back of your statement has important information for you.

You may find your answers there.

Please read important messages regarding your account status.

Multiple options to contact us.

These three columns show the payments and adjustments.

This column is the amount you must pay after payments and adjustments.

Online payment option.

Write in amount you are paying.

Use this stub and enclosed envelope to mail payments.