

# INTRODUCING your new STATEMENT



**A** Newberry County Memorial Hospital  
PO BOX 497 • Newberry SC 29108  
Local: (803) 620-8990 Toll Free: (877) 766-8518

Thank you for choosing Newberry County Memorial Hospital. We hope to continue serving your healthcare needs. If you have insurance, all insurance carriers were billed and have processed your claim. The outstanding balance is now due. If you have any questions or concerns about your bill, please contact our Business Office at Local: (803) 620-8990 Toll Free: (877) 766-8518 between 8:00 am and 5:00 pm EST.

Thank you in advance for your cooperation and prompt attention to this matter. We look forward to serving you and your family in the future.

## STATEMENT

### Summary

Guarantor Name	KENT, CLARK
Statement Date	07/15/2020
Total Charges	16,001.00
Insurance Payments	-3,960.80
Patient Payments	-100.00
Adjustments	-5,603.57

Account details on reverse side of this statement

**Total Left to Pay \$6,336.63**

### IMPORTANT MESSAGE

We hope you had a positive experience with us during your visit and we welcome any suggestions that may help us improve our services.

In order to provide accurate, timely and effective billing, as well as account maintenance, our Extended Business Office located in Greeley, Colorado will assist with follow up billing services for balances that are your financial responsibility. Our Extended Business Office is **NOT** a collection agency. In order to prevent a delinquent status on your account, specific arrangements within the hospital's payment guidelines are necessary.

Space only permits for limited details. Please call our office for an itemized statement.

**PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION**

\*\*\*Please Detach Lower Portion and Return With Payment\*\*\*



Go paperless with your account at:  
[www.medbilloffice.com/ncmh](http://www.medbilloffice.com/ncmh)  
use Record Locator #: 1234567

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### SEND ALL PAYMENTS TO:

Newberry County Memorial Hospital  
PO BOX 497  
Newberry SC 29108-0497



### Payment Due Upon Receipt

Statement Date	Total Balance Due	Account Number
07/15/2020	\$6,336.63	V00000123456
Amount of Payment	\$	

## MAIL CORRESPONDENCE

Mailing address to send any correspondence.

## ACCOUNT SUMMARY

You will find all essential account information and charges in one concise summary every month.

## QUESTIONS

Your visit to Newberry County Memorial Hospital may result in more than one bill. For this bill, our Customer Service Representatives are available to answer any hospital billing related questions. For your convenience phone numbers for other billing entities are also listed.

## QR CODE

Scan code to be taken to site to make online payments.

## CONVENIENT PAYMENT OPTIONS

We offer three convenient methods for you to pay your balance:

**Online-** Pay your bill through our e-billing payment portal.

**Phone-** Call our customer service representatives to pay your bill or set up a payment plan.

**Mail-** Send a check, money order, or complete the credit card form on your statement.

## BILLING DETAILS

This section includes details such as patient account number, dates of services, descriptions and payment information for all of your accounts.

## FINANCIAL ASSISTANCE INFORMATION

### F

**Statement Detail - Space only permits for a limited number of accounts. Please call our office with any billing questions.**

Date	Account Number	Patient-Description	Amount	Payment Summary
<b>New Activity on your Account</b>				
<b>Older Activity on your Account</b>				
02/22/2020	V00000123456-KENT, CLARK	EMERGENCY ROOM PATIENT	\$1,291.00	Payments \$-100.00 Adjustments \$-388.05 Left to Pay \$802.95
02/29/2020	V00000123455-KENT, CLARK	RECURRING PATIENT	\$347.00	Payments \$0.00 Adjustments \$-117.97 Left to Pay \$229.03
03/31/2020	V00000123466-KENT, CLARK	RECURRING PATIENT	\$2,151.00	Payments \$0.00 Adjustments \$-461.59 Left to Pay \$1,689.41
04/30/2020	V00000123444-KENT, CLARK	RECURRING PATIENT	\$12,212.00	Payments \$-3,960.80 Adjustments \$-4,635.96 Left to Pay \$3,615.24
			<b>Total Left to Pay</b>	<b>\$6,336.63</b>

### FINANCIAL ASSISTANCE

For uninsured patients, you may be eligible for Financial Assistance, Charity Care or Payment Plan options under the terms and conditions the hospital offers to qualified patients. For additional information, please contact us at (803) 620-8990 or toll free (877) 766-8518 or visit our website at [www.newberryhospital.org](http://www.newberryhospital.org)

### FINANCIERO ASISTENCIA

Para pacientes sin seguro médico, usted puede ser calificado para asistencia de caridad o arreglo de pagos si califica conforme las condiciones del hospital. Para obtener más información, llámenos al (803) 620-8990 o (877) 766-8518 o visite nuestro sitio web en [www.newberryhospital.org](http://www.newberryhospital.org)

## WEB PORTAL

Our online payment portal has been developed to make paying your bill quick and easy. You can securely pay your bill online, update your address and/or insurance information, and view your past documents, all from one convenient place. Please note that your online statement will be based on which of our health care systems you received medical care at:

[www.medbilloffice.com/ncmh](http://www.medbilloffice.com/ncmh)  
use Record Locator #: «Insert7»

### E

#### Payment Options

1. Online  
Visit [www.medbilloffice.com/ncmh](http://www.medbilloffice.com/ncmh) to make your payment online. Use Record Locator # 1234567.

Scan this QR Code with your Smartphone to access your account and pay online. It's Secure, Fast and Easy!

2. Call  
Paying online is free and easy! If you would rather speak with one of our friendly customer service representatives, please call us at Local: (803) 620-8990 Toll Free: (877) 766-8518.

We accept Visa, MasterCard, Discover, American Express and Checks by Phone.

3. Mail  
Please include the coupon below with your check, money order or completed credit card information and mail to:

Newberry County Memorial Hospital  
PO BOX 497  
Newberry SC 29108

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<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
Card Number	Expiration Date	Security Code	Signature
AMOUNT OF PAYMENT			

Account Number	Balance	Account Number	Balance
V00000123455	822.95		
V00000123456	229.03		
V00000123466	1,689.41		
V00000123444	3,615.24		