

# Statement Sample #1



PO BOX 6424  
CHESTERFIELD, MO 63006-6424

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

MASTERCARD  DISCOVER  VISA

CARD NUMBER: \_\_\_\_\_ SIGNATURE CODE (CVV): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

STATEMENT DATE: 07/09/09 ACCT. #: 1999999999

PAGE: 1 of 1

Account Number



ST. JOHN'S MERCY HEALTHCARE  
PO BOX 504655  
ST LOUIS, MO 63150-4655

0001012292530000000015000

## STATEMENT

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

**ACCOUNT SUMMARY**

ALL CHARGES:	118.00
INSURANCE PAYMENTS/ADJ:	88.00
ADJUSTMENTS:	0.00
PATIENT PAYMENTS:	0.00
ACCOUNT BALANCE:	30.00
CHARGES PENDING INSURANCE PROCESSING:	15.00
PAYMENT DUE NOW:	15.00

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

You may contact our office  
Monday - Friday 8:30 am - 4:30 pm  
For Billing Inquiries:  
TELEPHONE: (314) 364-4999  
TOLL FREE: 1-800-777-9303  
E-MAIL: [SJMHPYSBILL@MERCY.NET](mailto:SJMHPYSBILL@MERCY.NET)  
Current insurance coverages:  
PREMIER FOR MERCY HEALTH PLANS - MERCY HEALTH PLA

ID	Date	Procedure Codes	Description	Charges	Payments/Adjustments	Insurance Balance	Patient Balance
Date Of Service (05/13/09)							
SJMHPYSBILL@MERCY.NET; HESTER, JENNIFER <							
7	05/13/09	99214	OFFICE/OUTPAT VISIT, EST, LEVEL IV	118.00	0.00	0.00	15.00
	06/08/09		INSURANCE PAYMENT (INS)	0.00	84.67	0.00	
	06/08/09		INS CONTRACTUAL ADJUSTMENT (INS)	0.00	2.33	0.00	
Visit Summary				118.00	88.00	0.00	15.00

Charges	Payments/Adjustments	Insurance Balance	Patient Balance	Total Due
0.00	15.00	0.00	0.00	0.00

Please pay your balance by the due date on the statement. We appreciate timely payments. Thank you.

PLEASE SEE BACK OF THIS PAGE FOR ADDITIONAL STATEMENT DETAIL

# Statement Sample #2

Dear HBSTLOP ZK ATHIRTY,  
Thank you for choosing St. John's Mercy Hospital as your healthcare provider. We have received payment from your insurance company for your visit on 04/02/2009. The total amount due shown below is now your responsibility. Please detach the bottom portion of this letter and enclose it with your payment. We would appreciate your payment within the next 10 days.

If you have questions or if we can help in any way, please call Patient Financial Services at the number listed below. When calling, please refer to patient number 22090920013.

<p><b>ACCOUNT SUMMARY</b></p> <p>Patient Account Number: 22090920013 Service Date(s): 04/02/2009 - 04/02/2009 Visit Type: Outpatient Services Total Charges: \$500.00 Additional Charges/Credits: \$0.00 Total Insurance Payment/Adjustment: \$0.00 Total Patient Payments: \$0.00 Total Patient Adjustments: \$0.00 Patient Balance Due: \$500.00</p> <p>Guarantor Corporate Number: 100011292</p> <p><b>INSURANCE INFORMATION</b></p> <p><b>Primary</b> Insurance Name: UNITED HEALTHCARE CHOICE Name of Insured: ATHIRTY, HBSTLOP ZK Policy Number: 12345678</p> <p><b>Secondary</b> Insurance Name: None Name of Insured: None Policy Number: None</p>	<p><b>AVAILABLE PAYMENT OPTIONS</b></p> <p>Payment options: 1. Money Order (a fee of \$25 will be returned check.) 2. Discover, or American Express 3. Call (800) 833-0799 for any other payment arrangements or to discuss other means of financial assistance. 4. Online payment at <a href="http://www.stjohnsmercy.org/billing">http://www.stjohnsmercy.org/billing</a></p> <p><b>CONTACT US</b></p> <p>Please call our customer service department at (800) 833-0799 Monday through Friday from 9:00 a.m. to Noon or 1:00 to 5:00 p.m. or email us at <a href="mailto:stjohnsbilling@stlo.mercy.net">stjohnsbilling@stlo.mercy.net</a></p> <p><b>ONLINE PAYMENT</b></p> <ul style="list-style-type: none"> <li>View bills online 24/7</li> <li>Make payment online</li> <li>Choose to receive email statements and/or Paper Statements</li> </ul> <p>To enroll, go to <a href="http://www.stjohnsmercy.org/billing">http://www.stjohnsmercy.org/billing</a>. You will need the Patient Account Number listed in the "Account Summary" section of this statement to log in.</p>
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Account Number

909-HBSTM-280858-395277028; 1501185-1-13; b03a1e6-5ee7-411d-8b08-417d04bd7e55; 1  
PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT. RETAIN THIS PORTION FOR YOUR RECORDS.



St. John's Mercy Hospital  
PO Box 6190  
Chesterfield, MO 63006-6190

PATIENT NAME: Hbstlop Zk Athirty  
Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

COMPLETE THIS PORTION OR CALL CUSTOMER SERVICE TO CHARGE BY PHONE

MASTERCARD  DISCOVER  VISA  AMERICAN EXPRESS

CARD NUMBER: \_\_\_\_\_ SIGNATURE CODE: \_\_\_\_\_

SIGNATURE (Required by Processor): \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

STATEMENT DATE: 05/25/2009 PAY THIS AMOUNT: \$500.00 ACCT. #: 22090920013

MAKE CHECKS PAYABLE TO: St. John's Mercy Hospital

SHOW AMOUNT PAID HERE \$

HBSTLOP ZK ATHIRTY  
601141 Main St  
Annada, MO 63330

St. John's Mercy Hospital  
PO Box 504883  
St. Louis, MO 63150-4883