

Your Patient Friendly Bill

Payment Options:

Online Payments are available 24 hours a day, 7 days a week

Pay by Phone is available 24 hours a day, 7 days a week

Customer Service is available to assist Mon-Fri

Pay by Mail, detach the bottom portion and return with your payment.

Account Summary

Includes total amount owed, payments, amount pending with insurance and balance due for all invoices that have been processed by your insurance.



Statement Date 2/19/2018
 Patient Name Sample Patient
 Account No. 10000123456
 Primary Insurance BLUE CROSS
 Secondary Insurance

TOTAL AMOUNT DUE UPON RECEIPT
\$544.53

YOUR ACCOUNT STATUS

We have billed your insurance and the remaining balance is your responsibility.

Your next step

Please make your payment in full: online, by phone or by mail.

Online Payment or Service
www.memorialcare.org/paymybill



To pay by phone 24/7: (877) 323-0043

Mail in the payment with the coupon below

Payment will be applied to your oldest invoice

ACCOUNT SUMMARY	
Total Insurance and Patient Amount Owed	\$824.18
Total Insurance Payments	(\$279.65)
Total Pending with Insurance	\$0.00
Total Patient Payments	\$0.00
Total Account Balance	\$544.53

MISSION
 To improve the health and well-being of individuals, families and our communities.

VISION
 Exceptional People. Exceptional Care. Every Time.

Notice: See reverse side for important information / **Aviso:** Vea al dorso para informacion importante

For address or insurance changes see reverse side



Patient Financial Services
 P.O. Box 20894
 Fountain Valley, CA 92728-0894

RETURN SERVICE REQUESTED



Online Payment www.memorialcare.org/paymybill



ACCOUNT NUMBER	STATEMENT DATE
10000123456	2/19/2018
AMOUNT DUE	
\$544.53	

All Physicians and surgeons, including the radiologist, pathologist, emergency physician, anesthesiologist, and others, will bill separately for their services.

Make Checks Payable To:

MEMORIALCARE
 PO BOX 230
 LONG BEACH, CA 90801-0230



SAMPLE PATIENT
 12345 STREET
 CITY NAME CA 92123-1234



Account Number that can be used to set-up recurring payment

Total Amount Due for all invoices that have been processed by your insurance

Scan this bar code with your smart phone to pay your bill

Individual Invoice Information:

Service date for an encounter

Invoice number, the unique number for this visit

The **hospital** where services were provided

The **type of services** that were provided



Statement Date
Patient Name
Account No.

2/19/2018
Sample Patient
10000123456

TOTAL AMOUNT DUE
UPON RECEIPT

\$544.53

SERVICE DATE
1/29/2018
INVOICE NUMBER
12345678
MEMORIALCARE
Saddleback Memorial Laguna Hills
SERVICE DESCRIPTION
Emergency Room Services

BILL FOR MEMORIALCARE MEDICAL CENTERS	
Insurance and Patient Amount Owed	\$429.65
Insurance Payment(s)	(\$279.65)
Pending with Insurance	\$0.00
Subtotal	\$150.00
Previous Patient Payments	\$0.00
Your Balance On This Invoice*	\$150.00

** Refer to your Explanation of Benefits (EOB) to help you better understand how your health plan processed your claim.*

SERVICE DATE
1/30/2018
INVOICE NUMBER
12345679
MEMORIALCARE
Saddleback Memorial Laguna Hills
SERVICE DESCRIPTION
Imaging Services

BILL FOR MEMORIALCARE MEDICAL CENTERS	
Insurance and Patient Amount Owed	\$394.53
Insurance Payment(s)	\$0.00
Pending with Insurance	\$0.00
Subtotal	\$394.53
Previous Patient Payments	\$0.00
Your Balance On This Invoice*	\$394.53

** Refer to your Explanation of Benefits (EOB) to help you better understand how your health plan processed your claim.*

Important Invoice Notes

Financial information for this invoice:

Includes total amount owed, payments, amount pending with insurance and balance due for this encounter.



Long Beach Medical Center
Miller Children's & Women's
Hospital Long Beach
Community Medical Center Long Beach
Orange Coast Medical Center
Saddleback Medical Center



Important Information for Consumers:

Helpful information about your rights and financial assistance that might be available to you.

Fair Debt & Consumer Counseling

State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements, threats of violence, using obscene or profane language and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 am or after 9:00 pm. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (382-4357) or online at www.ftc.gov. Non-profit credit counseling services may be available in your area.

Financial Assistance: You may be eligible for financial assistance if you have difficulty paying for health care services and do not qualify for Medi-Cal or other government programs. Our billing office can help determine if you qualify. You may be eligible for free care if your household income is at or below 138% of the Federal Poverty Level. You may be eligible for discounted care if your household income is at or below 350% of the Federal Poverty Level. For more information please call 1-877-323-0043.

Cobranza Imparcial de Deudas y Asesoramiento del Consumidor

La ley estatal y federal requiere que los agentes cobradores le traten de manera justa y prohíbe que los cobradores hagan declaraciones falsas, amenazas de violencia, utilicen lenguaje obsceno y profano, y tener comunicación inadecuada con terceras partes, incluyendo su empleador. Los cobradores no se pueden comunicar con usted antes de las 8:00 am o después de las 9:00 pm., a menos que sea bajo circunstancias inusuales. Por lo general, un cobrador no le puede dar información a otra persona acerca de su deuda, a menos que sea su abogado o esposo(a). Un cobrador puede comunicarse con otra persona para confirmar su ubicación o para cumplir una orden judicial. Para más información acerca de las actividades de cobro, usted puede comunicarse por teléfono con la Comisión Federal de Comercio (Federal Trade Commission) al 1-877-FTC-HELP (382-4357) o por Internet al www.ftc.gov. Considere que en su área podría haber servicios sin fines de lucro para asesoramiento de crédito.

Asistencia Financiera: Usted puede ser elegible para asistencia financiera si usted tiene dificultad para pagar por servicios de salud y no califica para Medi-Cal u otros programas gubernamentales. Nuestro Departamento de Servicio al Cliente puede ayudar a determinar si usted califica. Usted puede ser elegible para asistencia gratuita si su ingreso familiar es de 138% o menos del nivel Federal de pobreza. Usted puede ser elegible para servicios de salud con descuento si su ingreso es 350% o menos del nivel Federal de pobreza. Para más información favor de llamar al 1-877-323-0043.

MemorialCare Saddleback Medical Center Physicians Billings Groups

Breast Care Specialists Med Group, Inc	(888) 896-9369
California Anesthesia Associates Medical Group, Inc.	(877) 222-4217
CEP America	(800) 498-7157
Affiliated Pathologist Medical Group	(424) 233-3191
RC McLean Anesthesiology Group	(714) 347-1000
South Coast Radiological Medical Group	(800) 974-8889

MemorialCare Long Beach Medical Center, Miller Children's & Women's Hospital Long Beach & Community Medical Center Long Beach Physician Billing Groups

Breast Imaging Radiologist	(888) 493-6055
California Anesthesia Associates Medical Group, Inc.	(877) 222-4217
Columbia Emergency Medical Group	(888) 237-1803
Long Beach Memorial Pathology	(888) 843-8475
MemorialCare Foundation Radiology & Imaging	(800) 586-7816

MemorialCare Orange Coast Medical Center Physician Billing Groups

Hill Medical Corporation, Radiant Imaging	(626) 698-7200
CEP America	(800) 498-7157
Long Beach Memorial Pathology	(888) 843-8475
RC McLean Anesthesiology Group	(714) 347-1000
South Coast Radiological Medical Group	(800) 974-8889

Important Phone Numbers and Websites

California Benefit Exchange	(800) 300-1506
Website: www.coveredca.com	
Department of Public Social Services	(877) 597-4777
Medi-Cal Orange County	(855) 478-5385
Website: www.dhcs.ca.gov/services/medi-cal	
Medicare: (800) MEDICARE	(800) 633-4227
Website: www.medicare.gov	
Medical Safety Net Program	(714) 834-6248
Website: www.cdhealthinfo.com/about/medical/msn	
Health Consumer Alliance	(888) 804-3536
http://healthconsumer.org/index.php?d=partners	

Important Phone Numbers and Resources

Insurance Changes

CHANGES ABOUT YOUR INSURANCE					
YOUR PRIMARY INSURANCE COMPANY'S NAME			EFFECTIVE DATE		
PRIMARY INSURANCE COMPANY'S ADDRESS			PHONE		
CITY		STATE	ZIP	PHONE	
POLICY HOLDER'S ID NUMBER		GROUP PLAN NUMBER		EFFECTIVE DATE	
YOUR SECONDARY INSURANCE COMPANY'S NAME			EFFECTIVE DATE		
SECONDARY INSURANCE COMPANY'S ADDRESS			PHONE		
CITY		STATE	ZIP	PHONE	
POLICY HOLDER'S ID NUMBER		GROUP PLAN NUMBER		EFFECTIVE DATE	

CHANGES ABOUT YOU					
YOUR NAME (Last, First, Middle Initial)					
ADDRESS					
CITY		STATE	ZIP	EFFECTIVE DATE	
TELEPHONE		MARRITAL STATUS		PAYMENT AMOUNT	
		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown <input type="checkbox"/> Domestic Partnership		<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER	
EMPLOYER'S NAME			CVC #		
EMPLOYER'S ADDRESS			SIGNATURE		
CITY		STATE	ZIP	EXPIRATION DATE	

Your Changes

Credit Card Payment

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