



You're here  
to get  
better

Patient Financial Services is here to make the billing process as painless as possible.

### About Our Services

Patient Financial Services is made up of several departments: hospital admitting, outpatient registration, and the patient business office, which is responsible for all billing and collection activity.

We have opened a patient account in your name to record all financial transactions related to your care. If you have given us insurance information, we will submit a claim on your behalf and keep you informed of the outcome. Please note that most doctors are independent practitioners and not employees or agents of the hospital. They will bill you and/or your insurance company separately.

If you have questions or concerns, please call the Customer Service phone number on your statement and the back of this brochure.

We are also happy to provide you with an itemized statement.

No cost translation services are available upon request.

### Financial Assistance

Our financial counselors can help you understand your insurance coverage or make interest free payment arrangements. If you do not have insurance they can help you apply for Medical, coverage through the state health benefits exchange or other government-sponsored health coverage for which you may qualify. To learn more please call Customer Service at 884.339.8425.

We provide discounts to patients with who qualify as low to moderate income. Please contact Customer Service if you are unable to pay part of your bill. We will review your financial situation to determine if you are eligible for financial assistance.

### How To Reach Us

If you have questions about your account, please contact Customer Service:

**707.978.0278 phone**  
**844.339.8425 toll free**

PO Box 1310  
Suisun City, CA 94585



**ST. HELENA HOSPITAL**  
CLEAR LAKE  


## Understanding Your Statement

If you have insurance, we will send you a statement after your insurance has paid its share. If you do not have insurance, we will send you a statement shortly after receiving care. Once you receive a statement, payment in full is expected unless other arrangements have been made.


The sample below will help you read your statement. Please pay close attention to the Important Message box.

If you need help understanding your statement, please call the Customer Service phone number on your statement and the back of this brochure.

## Paying Your Bill

You can pay with cash, check or credit card. We accept VISA, MasterCard, Discover and American Express. You can use your credit card either in person or online. See your statement for instructions on how to pay online.

**YOUR STATEMENT 05/10/2014**



ANY ADVENTIST HOSPITAL  
1234 ANY STREET  
ANY TOWN, CA 99999-9900

**IMPORTANT MESSAGE**

Your insurance has processed your claim. This balance is your responsibility. Please make your payment today or contact us to discuss financial arrangements.

**ENCOUNTER SUMMARY**

Patient	John Patient
Date(s) of Service	04/17/14 - 04/20/14
Statement Number	12345670
Encounter Number	12345678901
Physician	Mark Smith

**INSURANCE INFORMATION**

<b>Primary</b>	Medicare
Subscriber ID Number	John Patient XXXXX-9999
<b>Secondary</b>	Anthem Blue Cross
Subscriber ID Number	John Patient XXXXX-9999

**QUESTIONS? 844.339.8425**

For questions about your statement, call Customer Service at 844.339.8425


**Financial Assistance:**  
Adventist Health provides discounts to eligible low-income patients. If you can't pay part of your bill, please contact our Customer Service Department. We will review your financial situation to determine if you are eligible for financial assistance.

**SUMMARY OF SERVICES**

Description	Amount
Pharmacy	\$45.00
Laboratory	223.00
Radiology	125.00
Supplies	255.00
<b>Total Patient Services</b>	<b>\$648.00</b>
Insurance Payment 04/30/14	-\$400.00
Insurance Discount 04/30/14	-\$198.00
<b>Total Payments and Adjustments</b>	<b>-\$598.00</b>
<b>Current Account Balance</b>	<b>\$50.00</b>

**SEPARATE PHYSICIAN BILLING** You may receive separate bills from physicians who provided care or who consulted on your case.

THANK YOU FOR ALLOWING ANY ADVENTIST HOSPITAL TO PROVIDE FOR YOUR RECENT HEALTHCARE NEEDS.



ANY ADVENTIST HOSPITAL  
1234 ANY STREET  
ANY TOWN, CA 99999-9900

**Pay Online:** <https://myadventisthealth.paymyhealthbill.com/quickpay>  
**Access Code:** 1234567890

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

**ADDRESSEE:**

JOHN PATIENT  
1234 ANY STREET  
ANYTOWN, USA 12345-6789

**IF PAYING BY CREDIT CARD, FILL OUT BELOW**

CHECK CARD USING FOR PAYMENT  MasterCard  DISCOVER  VISA

CARD NUMBER  EXP. DATE

SIGNATURE  SECURITY CODE

PATIENT NAME  DATE DUE

JOHN PATIENT 06/01/14

STATEMENT NUMBER  AMOUNT DUE  AMOUNT PAYING

1234567890 \$50.00

**PLEASE MAKE CHECKS PAYABLE AND REMIT TO:**

ANY ADVENTIST HOSPITAL  
PO BOX 9900  
ANY TOWN, CA 99999-9900

**Important Message:**  
Pay close attention to this Important Message.

**Insurance Information:**  
These are the insurance plans we have on file for you. If you have different or additional insurance, please call Customer Service.

**Questions:**  
Call this number if you have any questions about your account.