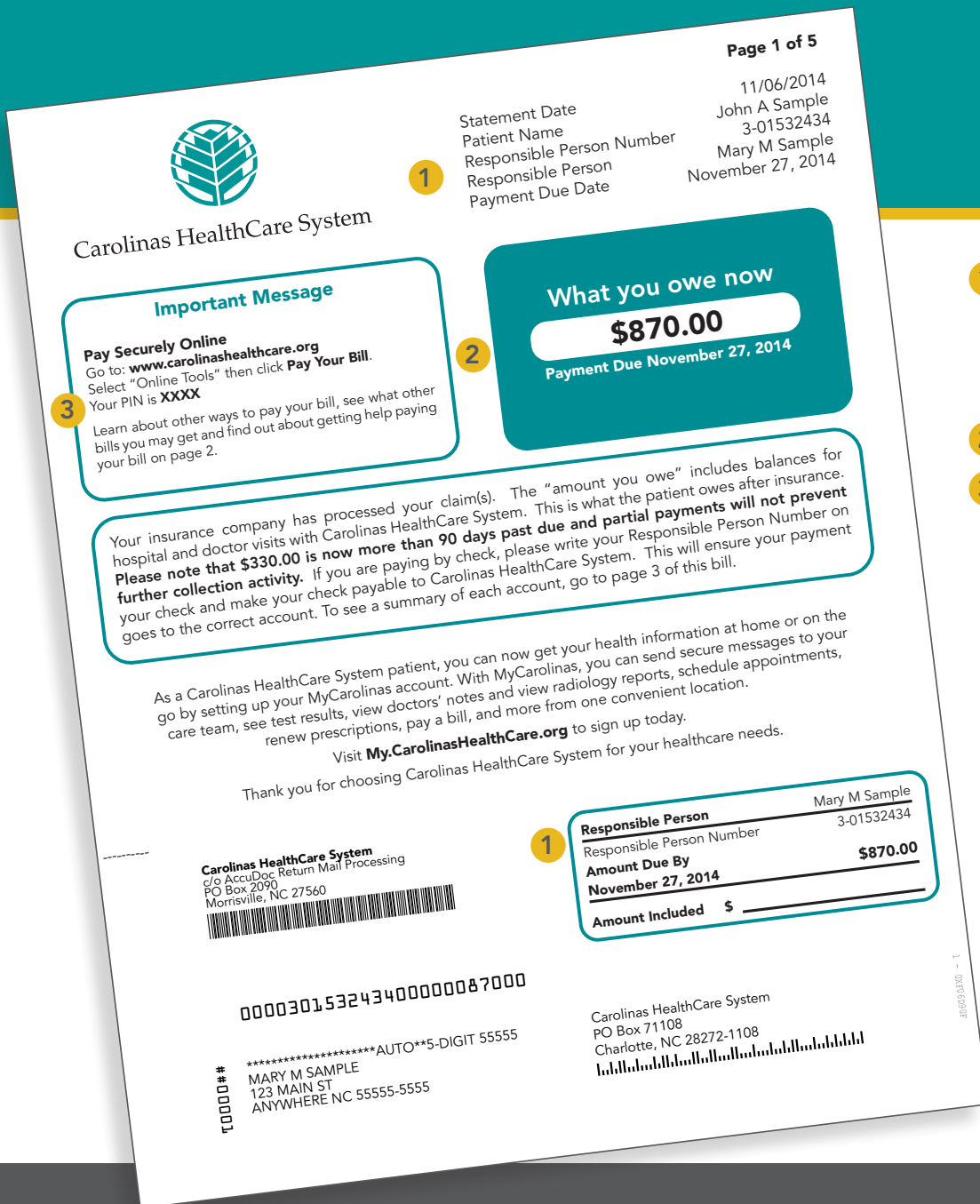
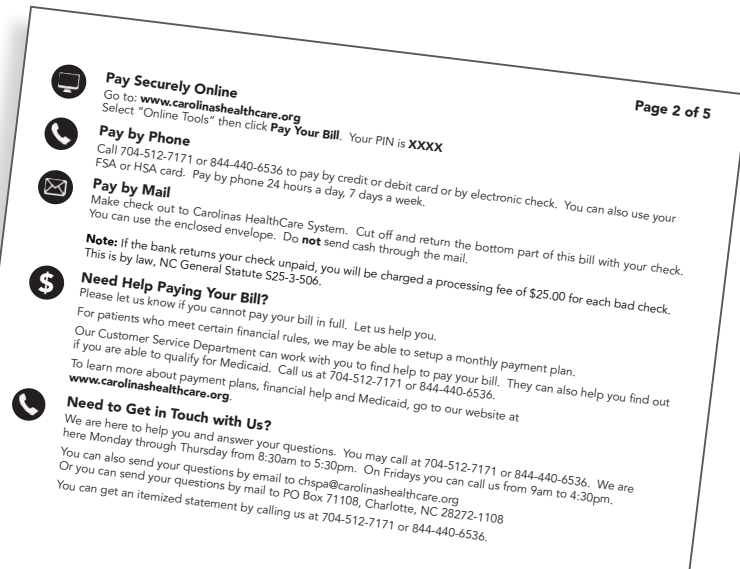


# Explanation of Your New Carolinas HealthCare System Bill



**4** **Other bills** – Patients will continue to receive a separate bill from doctors who do not work for Carolinas HealthCare System, such as radiology, anesthesia or pathology.

- 1** **Responsible person** – This is the adult who must pay this bill on behalf of the patient. The bill may be for a child or other person related to the responsible person.  
**Responsible person number** – This is an ID number that ties the adult responsible person to the patient.
- 2** **This section explains what you owe.**
- 3** **PIN** – This is the PIN number you will use to pay your bill online.



- 4** **You may also get bills for other services.**  
If you used any of these services, you will get a bill from them.
  - \* Administration/Supervision of Anesthesia Services - CHS Anesthesia Services Group Inc., 800-692-6429
  - \* Interpretation of Radiology Tests - Charlotte Radiology Group, 704-362-1945 or 800-948-4117
  - \* Interpretation of Lab Tests - Carolinas Pathology Group, PO Box 30637, Charlotte, NC 28230, 704-973-5500
  - \* Emergency Room Physician Services - Emergency Medicine Physicians, 800-982-8177
  - \* Management of Radiation Therapy - Southeast Radiation Oncology Group, PA, 704-333-7376

# Explanation of Your New Bill *Continued*

- 5 Responsible person** – This is the adult who must pay this bill on behalf of the patient. The bill may be for a child or other person related to the responsible person.  
**Responsible person number** – This is an ID number that ties the adult responsible person to the patient.
- 6 Current** – This section is how much you owe in the next 30 days.
- 7 Professional services** – These are charges from a doctor at either a Carolinas HealthCare System hospital or doctor's office.
- 8 Hospital services** – These are charges from a Carolinas HealthCare System hospital.
- 9 Account number** – This is a number that is tied to that particular service.
- 10 Date of service** – This is the date when the service happened.
- 11 Patient balance** – This is how much you owe for that service.
- 12 Patient payment** – This is how much you have paid on the total amount due.
- 13 Current balance** – This is how much you owe now.
- 14 Past due** – After 30 days, what you owe is now called past due.
- 15 Final notice** – This means your account has not been paid in full or not set up on a payment plan within 90 days and must be paid immediately.

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Statement Date 11/06/2014  
 Patient Name John A Sample  
 Responsible Person Number 3-01532434  
 Responsible Person Mary M Sample  
 Payment Due Date November 27, 2014

### Patient Balance Summary - Non Payment Plan Account(s)

6	7	8	9	10	11	12	13
Account Number	Date of Service	Patient Balance	Patient Payment(s)	Current Balance			
Professional Services Dr. Smith	98765	06/21/2014	\$30.00				\$30.00
Hospital Services Carolinas Medical Center		06/10/2014	\$50.00				\$50.00
Hospital Services Carolinas Medical Center	98767	08/23/2014					\$50.00
<b>Subtotal</b>							<b>\$130.00</b>

Your insurance company has processed your claim(s). Please review your explanation of benefits received from the insurance company for detailed insurance payment(s). The current balance listed above is the amount due after insurance has paid and is included in the minimum amount due by November 27, 2014 listed below

14	7	8	9	10	11	12	13
Account Number	Date of Service	Patient Balance	Patient Payment(s)	Current Balance			
Professional Services Dr. Smith	98661	12/31/2014	\$20.00				\$20.00
Professional Services Dr. Johnson	98662	01/05/2014	\$40.00				\$40.00
Hospital Services Carolinas Medical Center	123789	03/01/2015	\$75.00				\$75.00
Hospital Services CMC University	123790	03/10/2015	\$100.00				\$100.00
Hospital Services CMC Pineville	123791	04/01/2015	\$75.00				\$75.00
<b>Subtotal</b>							<b>\$310.00</b>

The patient balance(s) listed above is now past due by more than 30 days and is included in the minimum amount due by November 27, 2014 listed below. Please send full payment today to avoid further collection activity.

15	7	8	9	10	11	12	13
Account Number	Date of Service	Patient Balance	Patient Payment(s)	Current Balance			
Professional Services Dr. Smith	98661	01/12/2014	\$40.00				\$40.00
Professional Services Dr. Johnson	98662	02/12/2014	\$40.00				\$40.00
Hospital Services Carolinas Medical Center	123456	01/25/2014	\$75.00				\$75.00
Hospital Services CMC University	123457	02/16/2014	\$100.00				\$100.00
Hospital Services CMC Pineville	123581	03/20/2014	\$75.00				\$75.00
<b>Subtotal</b>							<b>\$330.00</b>

The patient balance(s) listed above is now past due by more than 90 days and is included in the minimum amount due by November 27, 2014 listed below. Further collection activity may be pursued if the outstanding balance for this account(s) is not paid within 30 days from the date of this notice.

**Non-Payment Plan Amount Due \$770.00**

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### Summary of Hospital Financial Assistance Programs

Carolinas HealthCare System (CHS) strives to provide financial assistance based on a patient's ability to pay while modeling at all times the CHS core value of "Caring". The CHS financial assistance programs are designed to ensure assistance is provided to patients demonstrating a financial need and to ensure CHS complies with any financial assistance will be information on the

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Statement Date 11/06/2014  
 Patient Name John A Sample  
 Responsible Person Number 3-01532434  
 Responsible Person Mary M Sample  
 Payment Due Date November 27, 2014

### Patient Balance Summary - Payment Plan Account(s)

16	Account Number	Date of Service	Patient Balance	Patient Payments	Remaining Balance
Professional Services Dr. Johnson	12345	12/21/2013	\$100.00	-\$100.00	\$0.00
Hospital Services Carolinas Medical Center	12346	01/26/2014	\$200.00		\$200.00
Hospital Services Carolinas Medical Center	12347	06/10/2014	\$300.00		\$300.00
<b>Payment Plan Balance</b>					<b>\$500.00</b>
<b>Payment Plan Amount Due</b>					<b>\$100.00</b>

The account balance(s) listed above is on a payment plan. This amount is included in the minimum amount due by November 27, 2014 listed below. Please contact us to add new account balances to the payment plan.

**Minimum Amount Due: \$870.00**

Patients who are uninsured and have not services that result in a financial review will be reviewed for patient and determine if this process and no income as compared to will receive a 100% interest free payment

Patients who are uninsured and have not services that result in a financial review will be reviewed for patient and determine if this process and no income as compared to will receive a 100% interest free payment

Financial assistance is available upon application in person

- 16 Payment plan** – This is an account set up by the patient or responsible person with customer service to make a monthly payment plan. Please note, every new service does not automatically set up a payment plan. The responsible person has to call customer service at 704-512-7171 or toll free at 844-440-6546 to set up a plan for each new service added.