

HOW TO Read Your New Statement

NAME OF HOSPITAL
where services were rendered

REFERENCE NUMBER
will allow us to access your account quickly

Beth Israel PO BOX 3194
New York, NY 10008

Continuum Health Partners, Inc.

This bill is for Hospital and Medical Services rendered at **Beth Israel Medical Center - Comprehensive Cancer Center West Side Campus**. Separate bills for related physician/professional services may be forthcoming.

BPAOMBCR112310.TXT_00246138_P1/2_SP1/2

JOHN Q PATIENT
22 HOSPITAL STREET
NEW YORK NY 10038

HOSPITAL STATEMENT

REFERENCE NUMBER	STATEMENT DATE	PAY THIS AMOUNT	WRITE AMOUNT YOU ARE PAYING
CCW12345678	11/04/10	\$273.43	

IF PAYING BY CREDIT CARD OR DEBIT CARD FILL OUT BACK

CHECK CARD USING FOR PAYMENT

Please check here if adding or correcting information on this statement. Please make your changes on the back of this stub.

PAY BY CREDIT CARD
by filling out back or calling us

WHERE TO SEND PAYMENT
with the enclosed envelope

MAKE CHECK PAYABLE AND SEND TO:
BETH ISRAEL MEDICAL CENTER- CCCW
P.O. BOX 95000-4565
PHILADELPHIA PA 19195-2195

1007149381011221000000150009

ACCOUNT SUMMARY OF CURRENT ACTIVITY

PATIENT NAME JOHN Q. PATIENT
 DATE OF SERVICE 06/04/10-09/28/10
 ACCOUNT NUMBER CCW12345678
 TOTAL CHARGES \$34,428.55
 INSURANCE PAYMENTS -6,589.41
 INSURANCE ADJUSTMENTS -27,565.71
 OTHER ADJUSTMENTS \$0.00
 PATIENT PAYMENTS \$0.00
 PATIENT RESPONSIBILITY \$273.43

YOUR RESPONSIBILITY TO PAY **\$273.43** **DUE:** 12/04/10

PAY YOUR BILL ON-LINE
You can now pay your bill on-line at <https://www.paansystem.com/continuum>

INSURANCE INFORMATION
FINANCIALLY RESPONSIBLE JOHN Q. PATIENT
PRIMARY INSURANCE NONE
SECONDARY INSURANCE NONE
IF THIS INFORMATION IS NOT CORRECT, PLEASE SEE BACK.

QUESTIONS?
Call our Customer Service Department at toll-free (888) 461-1624; FAX: (212) 256-2649
Monday-Thursday: 8:00 AM-9:00 PM
Friday: 8:00 AM-5:00 PM Sat: 9:00 AM-1:00 PM
P.A.A.N.: 333XXXXX

TRANSACTION DATE	DESCRIPTION	CHARGE	PAYMENTS/ADJUSTMENTS	TOTAL
6/23/10	Pharmacy	10.00		10.00
6/23/10	Med/Surg Supplies	12.00		12.00
6/9/10	Laboratory	121.00		121.00
6/23/10	RX - Specific	23,717.55		23,717.55
6/23/10	Other Therapeutic Services	10,568.00		10,568.00
10/20/10	Primary Insurance Payment		-5,495.71	-5,495.71
10/20/10	Primary Insurance Adjustment		-27,565.71	-27,565.71
10/22/10	Secondary Insurance Payment		-1,093.70	-1,093.70
		\$34,428.55	-\$34,155.12	\$273.43

IMPORTANT INFORMATION ABOUT YOUR ACCOUNT

PLEASE REMIT PAYMENT PROMPTLY. IF YOU ARE UNINSURED, YOU MAY BE ELIGIBLE TO APPLY FOR MEDICAID SPONSORED PROGRAMS AS WELL AS FINANCIAL ASSISTANCE. CO-PAYS, DEDUCTIBLES, AND COINSURANCES ARE NOT INCLUDED. PLEASE CONTACT OUR FINANCIAL COUNSELING DEPARTMENT. SEE TELEPHONE NUMBER ON THE BACK OF THE STATEMENT. THANK YOU.

TAX ID NO. 13-5564934 KEEP THIS PORTION FOR YOUR RECORDS SEE REVERSE

SUMMARY
of services received as well as payment and adjustment sources

PLEASE PAY THIS AMOUNT
as soon as possible

SPECIAL MESSAGE
about your account

You can PAY YOUR BILL ON-LINE.

You will need your P.A.A.N. NUMBER as a reference.

This is the INSURANCE INFORMATION
we have on file for you.

CHARGE OF SERVICES RENDERED

PAYMENTS & ADJUSTMENTS
on your account