BEST the BES

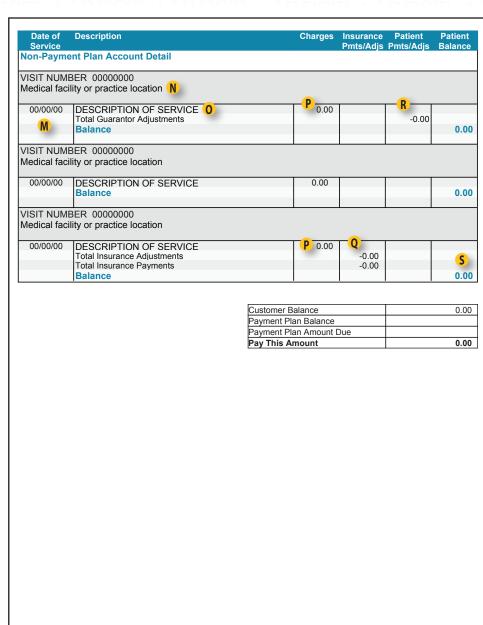
Back of Statement

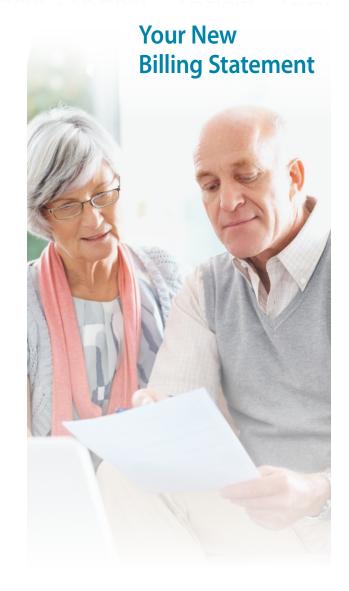
- M Date of service
- N Medical facility or practice location
- Description of service
- P Charge per service
- Insurance payment or adjustments per service
- R Payments per service
- S Balance due per service

Questions?

Call our Patient Accounts Customer Service Team toll-free at (866) 814-7275 or locally at (269) 428-5007.

Our business hours are: Monday – Friday 8:00 a.m. to 5:00 p.m.







www.lakelandhealth.org

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BEST the BES

Explanation of Your New Billing Statement

In our efforts to improve service to you,
Lakeland HealthCare has redesigned our billing
statement to make it easier for you to read and
understand. Patients with multiple Lakeland bills
will benefit from our new consolidated single-billing
statement. Most physician, lab, and hospital bills will
be rolled into one statement with one due date
for one payment.

This brochure will show you a sample of our new billing statement and guide you through the various sections.

Questions?

Your input is valuable as we continue to make improvements to our billing system. If you have comments or questions about your new Lakeland HealthCare billing statement, please call our Patient Accounts Customer Service Team toll-free at (866) 814-7275 or locally at (269) 428-5007.

Our business hours are: Monday – Friday 8:00 a.m. to 5:00 p.m.

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Lakeland Hospital Lakeland HealthCare PO Box 441575 Detroit MI 48244-1575 Medical Excellence. Compassionate Care. Summarized Statement of Your Lakeland HealthCare Balance Questions? If you have any questions or concerns with your bill please Responsible Party call our customer service representatives. A representative 10000 Street Rd will be happy to assist you. City, State Zip If you are unable to pay the balance in full, we do offer monthly payment options and financial assistance programs News Update: B to those who qualify. You are looking at your new Lakeland HealthCare monthly Customer Service Contact: (statement. It has been redesigned to gather all your (269) 428-5007 or (866) 814-7275 Lakeland Medical Practices billing accounts in one Monday to Friday 8:00 a.m. to 5:00 p.m. comprehensive statement. Account Summary Date: 00/00/00 Payment Due Date: 00/00/00 Patient Name: D Amount Due: Customer Number: Balance: 📵 0-30 Days 31-60 Days 61-90 Days Over 90 Days Customer Balance 0.00 0.00 0.00 0.00 **Payment Information** Listed above is your current balance and the due date for By phone: (269) 428-5007 or (866) 814-7275 your payment. We offer many convenient ways for your to Monday to Friday 8:00 a.m. To 5:00 p.m. pay your bill: By mail: return the below statement portion with check or money order payable to Lakeland Hospital. --- Please detach bottom portion and send in with your payment. ---Make your check or money order payable to: Lakeland Hospital Please check this box if address or insurance information is incorrect. Indicate changes on the

Due Date

Pay this Amount

Dept #771508

PO Box 77000 Detroit MI 48277-1508

Lakeland Healthcare

0.00

Customer #

Front of Statement

- A Name and address of responsible party
- News update/important information
- C How to contact us with questions
- Patient's name
- **E** Customer number
- F Payment due date
- **G** Amount due
- H Account balance
- Payment options
 mail or phone
- Information needed for paying by credit card
- K Amount due with this statement
- Address to mail payments (check, money order, or credit card information)

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Guarantor: Responsible Party

Invoice: 0000000

reverse side.