



PO BOX 1230
EVANSVILLE, IN 47706-1230

PATIENT NAME	DUE DATE	INVOICE NUMBER	BALANCE DUE
JOHN Q PUBLIC	2/23/2023	999999999	\$236.00
To pay by MasterCard, American Express, Discover, or Visa fill out below:			
<input type="checkbox"/> MASTERCARD		<input type="checkbox"/> AMERICAN EXPRESS	
<input type="checkbox"/> DISCOVER		<input type="checkbox"/> VISA	
CARD NUMBER		SECURITY CODE	
CARDHOLDER SIGNATURE		EXPIRATION DATE	
GUARANTOR ID 9999999		AMOUNT PAID \$	

000001



JOHN Q PUBLIC
1234 MAIN ST APT 1A
OWENSBORO KY 42301-4244

MAKE CHECKS PAYABLE TO:
DEACONESS ILLINOIS
PO BOX 1230
EVANSVILLE, IN 47706-1230

TO ENSURE PROPER CREDIT, PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT IN ENVELOPE PROVIDED

Guarantor ID: 9999999		Statement Date: 1/26/2023		Due Date: 2/23/2023		Page: 1 of 1	
DATE	CODE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	PATIENT BALANCE		
Date of Service 1/26/2023 - Visit # 7549152 - JOHN Q PUBLIC							
<i>Professional/Clinic Services (PENUMETSA, MARUTHI)</i>							
1/26/2023	93306	Echo Tthrc R-T 2d W/Wom-Mode Compl Spec*	236.00				
<i>PROFESSIONAL/CLINIC SERVICES BALANCE</i>					0.00	236.00	

QUESTIONS

Contact our billing office at (812)450-6815 or (800)467-6802. Office Hours are Monday-Friday 8:30am-4:00pm, closed 12:30pm-1:15pm.

Current Balance: \$236.00

Balance Due: 2/23/2023 \$236.00

To pay your account log onto
<https://www.deaconess.com/Pay-My-Bill>

To pay your account thru MyChart or to set up a 3 month payment plan log onto Mychart at <https://www.deaconess.com/mychart>

Pay in seconds by snapping a picture of this bill!
Search Papaya Pay in the app store

We Encourage You To Retain This Statement For Your Personal Records
Deaconess ILLINOIS, PO BOX 1230, Evansville, IN 47706-1230

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE....

ABOUT YOU:






YOUR NAME (Last, First, Middle Initial)			
ADDRESS			
CITY	STATE	ZIP	
TELEPHONE ()	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married		<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
EMPLOYER'S NAME		TELEPHONE ()	
EMPLOYER'S ADDRESS	CITY	STATE	ZIP

ABOUT YOUR INSURANCE:

YOUR PRIMARY INSURANCE COMPANY'S NAME		EFFECTIVE DATE
PRIMARY INSURANCE COMPANY'S ADDRESS		TELEPHONE ()
CITY	STATE	ZIP
POLICYHOLDER'S ID NUMBER		GROUP PLAN NUMBER
YOUR SECONDARY INSURANCE COMPANY'S NAME		EFFECTIVE DATE
SECONDARY INSURANCE COMPANY'S ADDRESS		TELEPHONE ()
CITY	STATE	ZIP
POLICYHOLDER'S ID NUMBER		GROUP PLAN NUMBER

FOR YOUR CONVENIENCE

You may submit payment:

-  MyChart at <https://www.deaconess.com/mychart> or using the MyChart mobile app
-  Online at <https://www.deaconess.com/Pay-My-Bill> through our secure payment portal
-  By calling our account representatives at (812) 450-6815 or (800) 467-6802
-  Via US Mail with attached coupon to PO Box 1230, Evansville, IN 47706-1230
-  In Person at any Deaconess ILLINOIS PHYSICIAN OFFICE



If you have any questions or need additional information regarding your account, you may call our account representatives at **(812) 450-6815** or **(800) 467-6802**.

Availability of Financial Assistance:

Deaconess Health System offers financial assistance to patients based on the following criteria:

1. Family income and assets are evaluated. Assistance is provided up to 350% of the Federal Income Poverty Guidelines.
2. Applications must be complete and include all attachments to be considered valid. For assistance with financial assistance, please call 812-450-6815. Applications can be found online at <https://www.deaconess.com/Pay-My-Bill/Financial-Assistance>. Applications and attachments can be mailed, emailed to financial.assistance@deaconess.com, or faxed to 812-450-5261.
3. If the hospital feels like you could qualify for Medicaid, we will request that you apply. Deaconess can help you fill out an application for Medicaid. For assistance, please call, 812-450-3740.
4. If your financial assistance application is approved, the hospital will notify you that your balances have been reduced.

If an out of network provider saw a patient at an in network facility, the patient is not responsible for more than the in network rate of that patient's health plan, plus any required copayment, deductible, or coinsurance. If you feel that you received an out of network penalty inappropriately, please contact our Customer Service Department.