



Lahey Health Billing Statement

Statement Date
01/07/18

Account Number
6435

Patient Name
John Smith

Did you know that you can pay your bill, renew prescriptions, request appointments and so much more through My Lahey Chart? Sign up at www.mylaheychart.org

Summary

	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Hospital Services	266.00	0.00	0.00	266.00
Physician Services	120.00	0.00	0.00	120.00
Totals	386.00	0.00	0.00	386.00







Amount Due: **386.00**

Questions?
Call Patient Financial Services Customer Service at **781.744.5554** or **877.525.9171 (toll-free)** Monday through Friday 8 a.m. - 5 p.m.

Thank you for choosing Lahey Health for your health care needs. The amount due is your responsibility. Please pay the amount in full, or contact our office to discuss payment options. Please detach the portion below and return with your payment or pay online through My Lahey Chart.

Lahey Health
PO Box 541
Burlington, MA 01805

Please check the box if address below is incorrect or if the insurance information has changed. Indicate the change(s) on the reverse side.

TO PAY BY CREDIT/DEBIT CARD, PLEASE FILL OUT BELOW.			
 <input type="checkbox"/>	MASTERCARD	 <input type="checkbox"/>	VISA
 <input type="checkbox"/>	AMERICAN EXPRESS	 <input type="checkbox"/>	AMEX
 <input type="checkbox"/>	DISCOVER	 <input type="checkbox"/>	DISCOVER
CARD NUMBER		CVV CODE	
SIGNATURE		EXP. DATE	
ACCOUNT NUMBER	DUE DATE	STATEMENT DATE	PAY THIS AMOUNT
6435	02/04/18	01/07/18	\$386.00

AMOUNT ENCLOSED
MAKE CHECKS PAYABLE TO:

\$

RESPONSIBLE PARTY:
John Smith
123 Patients Way
BOSTON, MA 02205
United States of America

Lahey Health
PO Box 981029
Boston, MA 02298-1029



Responsible Party
John Smith

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6435

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Hospital Services

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Hospital Services Acct # 1200002341 Winchester Emergency Department services for John Smith <i>Our records indicate that payment was not received by the due date. Please make full payment immediately, or contact our office to discuss payment arrangements. Thank you.</i>					
12/08/17	Previous Charges	266.00			
	Account Total	266.00	0.00	0.00	266.00
	Totals for Hospital Services	266.00	0.00	0.00	266.00

Physician Services

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Physician Services Acct # 1200002342 Winchester Emergency Department services for John Smith <i>Our records indicate that payment was not received by the due date. Please make full payment immediately, or contact our office to discuss payment arrangements. Thank you.</i>					
12/08/17	EMERGENCY DEPARTMENT VISIT LOW/MODER SEVERITY	120.00			
	Account Total	120.00	0.00	0.00	120.00
	Totals for Physician Services	120.00	0.00	0.00	120.00
Totals		386.00	0.00	0.00	386.00