

Easier to Read Statement

Beth Israel Lahey Health 

SERVICES PROVIDED BY:
Mount Auburn Hospital • Beth Israel Lahey Health Primary Care
Mount Auburn Professional Services

Healthcare Statement

GUARANTOR ID: 9999

Due Upon Receipt \$192.00

Patient Name John Q. Patient

Guarantor Name John Q. Patient

Statement Date 08/09/2020

Total New Charges \$980.00

Total New Insurance Payments/Adjustment -\$638.00

Total Patient Payments -\$150.00

Ways to Pay

PAPERLESS OPTIONS
Pay online or with our smartphone app

Search **MyChart** in the App store  

or visit us at <https://mychart.mah.org>

Pay by Mail Mail in check with section below.

Insurance If this information is not correct, see back.

Primary Insurance HARVARD PILGRIM HMO
Subscriber Mary Q. Patient
Subscriber ID AB123456789
Secondary Insurance NEIGHBORHOOD HEALTH COMM CARE
Subscriber John Q. Patient
Subscriber ID NHP1234567

Questions about billing or itemized bill request? Call 617-655-6849, 8:00 am to 5:00 pm, Monday-Friday

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Please detach the coupon below and return your payment in the enclosed envelope SEE REVERSE FOR IMPORTANT INFORMATION

Beth Israel Lahey Health 

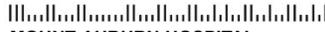
PO Box 382388, Cambridge, MA 02238-2388

STATEMENT DATE	GUARANTOR ID	AMOUNT DUE	SHOW AMOUNT PAID
08/06/2020	9999	\$192.00	

Please check box if address is incorrect or if insurance has changed and indicate change(s) on reverse side.

Pay bill online at: <https://mychart.mah.org>
Make checks payable to Mount Auburn Hospital

#BWNXXXXX
#000 0000 0000 0000 0#
Mary Q. Patient
123 MAIN ST
MALDEN MA 02418


MOUNT AUBURN HOSPITAL
PO BOX 419534
BOSTON, MA 02241-9534

Online payment options.

Hospital charges, physician charges, and home health/hospice charges will be listed on one statement

Your new guarantor ID number

The amount you must pay after payments and adjustments.

Your payments and other adjustments have been subtracted from the new charges.

Write in amount you are paying.

Use this stub and enclosed envelope to mail payments.

The back of your statement has important information for you.
You may find answers to your questions there.

How to Reach Us

Send Correspondence to/ Envie Correspondencia a:

Mount Auburn Hospital
P.O. Box 382388
Cambridge, MA 02238

Send Payment to/ Envie Pagos a:

Mount Auburn Hospital
P.O. Box 419534
Boston, MA 02241-9534

By Phone:

617-655-6849
8:00 am to 5:00 pm Monday-Friday

Radiology (Schatzki Associates)

877-201-2203

Mount Auburn Pathology Associates

800-927-0035

Anesthesia Financial Solutions

781-453-7300

NOTICE OF AVAILABILITY OF FINANCIAL ASSISTANCE

The Hospital will help uninsured and underinsured individuals apply for health coverage through a public assistance program or the Hospital's financial assistance program (including but not limited to MassHealth, the premium assistance payment program operated by the Health Connector, the Children's Medical Security Program, the Health Safety Net, and Medical Hardship), and work with individuals to enroll as appropriate. Assistance for these programs is determined by reviewing, among other items, an individual's household income, assets, family size, expenses, and medical needs. The public assistance programs you may qualify for require that you are a Massachusetts resident.

AVISO DE ASISTENCIA FINANCIERA DISPONIBLE

El hospital ayudará a las personas sin seguro y con seguro insuficiente a solicitar la cobertura de salud a través de un programa de asistencia pública o del programa de asistencia financiera del hospital (incluidos, entre otros, MassHealth, el programa de pago de asistencia de alta calidad operado por The Health Connector, el Children's Medical Security Program, The Health Safety Net y Medical Hardship) y trabajará con las personas para que se inscriban según corresponda. La asistencia para estos programas se determina mediante la revisión, entre otros conceptos, de los ingresos familiares, los activos, el tamaño de la familia, los gastos y las necesidades médicas de una persona. Los programas de asistencia pública para los que puede calificar requieren que usted sea residente de Massachusetts.

Family Size	Mass Health Income	100% Federal Poverty Level	up to 400% Federal Poverty Level	Family Size	Mass Health Income	100% Federal Poverty Level	up to 400% Federal Poverty Level
1	\$6,264	\$13,596	\$54,360	3	\$9,300	\$23,040	\$92,124
2	\$7,800	\$18,312	\$73,248	4	\$10,692	\$27,756	\$111,000
	*for each additional person add \$1,596	*for each additional person add \$4,728	*for each additional person add \$18,888		*for each additional person add \$1,596	*for each additional person add \$4,728	*for each additional person add \$18,888

Mount Auburn Hospital Financial Counseling Service

The Financial Counseling Service provides assistance in applying for MassHealth, Children's Medical Security Plan, Connector Care Plans, Premium Tax Credits and HSN (FREE CARE). We endeavor to work with you to explore the best options available that will meet your needs, including the arrangement of reasonable periodic payments of your Hospital bill(s). Our services are completely confidential and our staff is committed to providing the highest level of personalized service. For more information about our Financial Counseling Service or to schedule an appointment, please call us at 617-499-5560. Monday through Friday, 8:00 am – 4:30 pm

Servicio de Asesoría Financiera del Hospital Mount Auburn

El Servicio de Asesoría Financiera proporciona ayuda en la aplicación para MassHealth, Children's Medical Security Plan, Planes de Cuidados Conector, Créditos Fiscales y HSN (ATENCIÓN GRATUITA). Nos comprometemos a trabajar con usted para explorar las mejores opciones disponibles que sean adecuadas a sus necesidades, incluyendo arreglos de pagos periódicos razonables de su factura(s) del Hospital. Nuestros servicios son completamente confidenciales y nuestro personal está comprometido a proporcionar el más alto nivel de servicio personalizado. Para obtener más información acerca de nuestro Servicio de Asesoramiento Financiero o para programar una cita, por favor póngase en contacto con nosotros al 617-499-5560. Lunes a Viernes de 8:00 de la mañana. – 4:30 de la tarde.

PLEASE COMPLETE THE APPROPRIATE SECTIONS AND RETURN IN THE ENCLOSED ENVELOPE AS SOON AS POSSIBLE.

CHANGE OF ADDRESS		INSURANCE INFORMATION			SECONDARY INSURANCE INFORMATION		
Name		Insurance Company Name			Insurance Company Name		
Address		Address			Address		
City		City	State	ZIP Code	City	State	ZIP Code
State		Policy/ID Number	Patient's Relationship to Subscriber		Policy/ID Number	Patient's Relationship to Subscriber	
Telephone (DAYTIME)		Subscriber's Name			Subscriber's Name		
Telephone (EVENING)		Subscriber's Employer			Subscriber's Employer		
E-Mail		Employer City and State			Employer City and State		
		Group #	Subscriber's DOB		Group #	Subscriber's DOB	
		Effective Date	Insurance Telephone		Effective Date	Insurance Telephone	

WORK OR MVA RELATED INJURY

Injury Date	Case No.	Adjuster Name					
Employer Name		Employer Telephone		Carrier Name		Carrier Telephone	
Employer Address		City	State	Zip Code	Carrier Address	City	State Zip Code