

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

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.

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

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

▼ Please detach the coupon below and return your payment in the enclosed envelope ▼

SEE REVERSE FOR IMPORTANT INFORMATION ►

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


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

#BWNXXXXX
 #000 0000 0000 00000 0#
Mary Q. Patient
 123 MAIN ST
 MALDEN MA 02418

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

Name	Address
City	State
State	ZIP Code
Telephone (DAYTIME)	Telephone (EVENING)
E-Mail	

INSURANCE INFORMATION			SECONDARY INSURANCE INFORMATION		
Insurance Company Name			Insurance Company Name		
Address			Address		
City	State	ZIP Code	City	State	ZIP Code
Policy/ID Number	Patient's Relationship to Subscriber		Policy/ID Number	Patient's Relationship to Subscriber	
Subscriber's Name			Subscriber's Name		
Subscriber's Employer			Subscriber's Employer		
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