

# Elements of EMA's Patient Statement

Customized multicolored forms are created for each client utilizing the hospital's logo.

Based on each account's original financial class, unique text is used to explain why the balance is the patient's responsibility and the client's expectations of payment.

For example:

*Balance after insurance account* will state the patient's insurance has paid and is the patient's responsibility to pay.

*An insurance denial* will state that the patient's insurance has not paid and the balance is now the patient's responsibility.

*Uninsured* will state that no insurance information was provided and the balance is the patient's responsibility.


One of the cornerstones of EMA's Patient Billing services is the hospital's ability to tailor statements for each patient's specific needs. Typically, financial assistance, billing, and payment information is shown at the bottom of the statement.

Prompt Payment Discounts can be calculated based on each client's credit policies to be clearly illustrated to the patient.

Charges are summarized by either revenue code or UB code, and Patient Billing descriptions are determined by each client using unique tables which can be revised at any time.

Payments and Adjustments, at the client's request, can be combined and summarized into one description for each payer, or Payments and Adjustments can be broken out individually and summarized for each payer.

On the reverse side of each statement, open space is provided, which many clients utilize to gather credit card information, new insurance information, and financial assistance qualification information.



Acct. Number:	H0001234567
Service Date:	01/18/2008 – 01/18/2008
Patient Name:	MARISSA WALKER
Balance Due:	\$225.00 if paid by 03/31/2008
Balance Due:	\$250.00 if paid after 03/31/2008

\$

Amount Enclosed (To pay by Credit Card see back side)

[ LETCODE ]  
WALKER, DANA E  
5 NORTHERN BLVD  
AMHERST, NH 03031

**Remit To:**  
Your Hospital Here  
1 Healthy Way  
Anywhere, USA 12345

▲ PLEASE ENCLOSE THIS PORTION WITH YOUR PAYMENT ▲  
▲ PLEASE SEE BACK SIDE TO FURNISH ADDITIONAL INSURANCE INFORMATION OR TO PAY BY CREDIT CARD ▲

Thank you for choosing Your Hospital Here. Your satisfaction is our primary concern. We have billed your insurance company; however there is a remaining balance as shown below. The balance is your responsibility; please remit payment in full today. Please contact us immediately to establish a payment arrangement or if you have secondary medical insurance that you did not furnish at the time of your visit.

### Bill for Medical Services for your Visit on 01/18/2008 through 01/18/2008

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#### Charge Information

SURGICAL SERVICES	3,956.00
SUPPLIES	999.11
PHARMACY	147.06
LABORATORY SERVICES	80.00
CARDIOLOGY SERVICES	88.60
<b>TOTAL CHARGES</b>	<b>5,270.77</b>

#### Insurance Information

PRIMARY: BLUE CROSS  
SECONDARY: AETNA

#### Payments and Adjustments

BLUE CROSS PAYMENT	-4,361.92
AETNA PAYMENT	-658.85

Please Pay This Amount \$ 250.00

#### Your Hospital Here Financial Assistance

If you qualify, it may cover all or part of the cost of your care. For more information, please call a Financial Counselor toll free Monday through Friday between the hours of 8:00am to 4:00pm at 1-888-555-1212.

#### Billing Questions

Hours: Weekdays 8:00am to 4:00pm  
Phone: 888-555-1212  
Address: 1 Healthy Way  
Anywhere, USA 12345  
www.yourhospitalhere.org

Please remit payment in full. You may charge the balance to your Visa, MasterCard or Discover by entering your credit card information on the back of the attached payment slip and returning it to us or you may also call Patient Accounts at 1-888-555-1212.

#### Account Information

Statement Date: 03/01/2008  
Acct. Number: H0001234567  
Service Date: 01/18/2008 – 01/18/2008  
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