

An explanation of your billing statement

Number noted throughout statement and on all correspondence.

Please include this number on your check and refer to it if calling with questions.

Additional amount now owed since last statement or creation of payment plan. Call to discuss adding to existing payment plan.

Person responsible for bill, which may be a parent, guardian, or other responsible adult.

MaineHealth is a not-for-profit family of leading, high-quality providers and allied healthcare organizations working together so our communities are the healthiest in America.

Need affordable health coverage?
You may be eligible for a Special Enrollment Period if you've lost coverage or had a qualifying life event. Learn more at www.healthcare.gov or call the Health Insurance Marketplace at 1-800-318-2596. The next ACA – Marketplace Open Enrollment will begin in November 2018.

Payment Options

Pay by Phone and Billing Inquiries Call Patient Financial Services at (207) 887-5100 or toll-free at (866) 804-2499	Pay Securely With MyChart Sign up for MyChart at mychart.mainehealth.org with activation code 86A9W-GTM0D-QPS6K	Pay Securely With Guest Pay Not interested in signing up for MyChart? You can easily pay your bill online at mychart.mainehealth.org/mychart/billing/guestpay
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Guarantor Number: 1234567 Statement Date: 10/16/18 Due Date: 11/10/18 Page 1

IMPORTANT MESSAGE:
Thank you for choosing MaineHealth for your healthcare needs. Please pay the amount due in full, or contact our office to discuss payment options.

Statement Print Date **Date payment or other financial arrangements are due to MaineHealth**

* Statement Summary for Responsible Party

Payment Plan Balance	2701.02
Payment Plan Balance Due	200.00
Balances Not on Payment Plan	321.89

* This summary includes only balances due from you at this time. Any pending balances with insurance will not be reflected on this statement until the claim is resolved with your insurance company.

Minimum amount due from John Doe **521.89**

See following pages for account details.

Please detach this portion and return with your payment

180003090306002000002701027

To pay by credit/debit card, please fill out below:

Responsible Party	Guarantor Number	Due Date	Amount Due	Enclosed
John Doe	1234567	11/10/18	521.89	

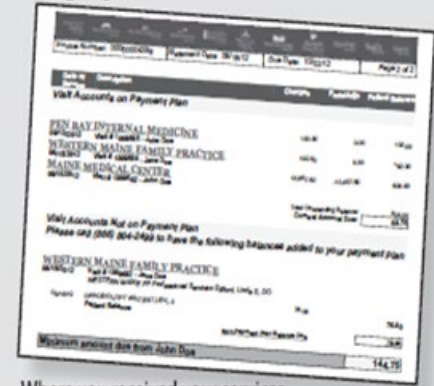
Please make checks payable to:

John Doe
123 Main Street
Portland, ME 04102

MaineHealth
Patient Financial Services
P.O. Box 360430
Pittsburgh, PA 15251-6430

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

Additional pages of your bill contain the following information:



- Where you received your services
- Itemized charges for services
- Total cost for each service
- Total charges minus previous payments

Amount you agreed to pay per month on your account balance

Amount you are expected to pay at this time, which may include payment arrangements you have made as well as Balances Not on Payment Plan. To add Balances Not on Payment Plan to existing payment plan, call Customer Service.

Write in the amount you are paying here

Where payments are processed

Important Information about Your Bill

Thank you for choosing MaineHealth for your healthcare needs. At MaineHealth, all of our providers work to provide the best possible patient-centered care and services. Our Shared Electronic Health Record (SeHR) brings to MaineHealth the reality of "One Patient, One Record". It also allows us to provide you with a consolidated statement for your patient balances across our MaineHealth provider network.

Your bill includes:

Patient balances after insurance for the MaineHealth hospitals and healthcare providers who have migrated to the SeHR system.

Your bill does not include:

Services provided by medical professionals who are not part of MaineHealth, such as radiologists, pathologists, anesthesiologists, and private physicians who participate in your care. These professionals will send you a separate bill for their services.

Payment Options:

Online Patient Payment Portal: www.mainehealth.org/paymybill

MaineHealth will bill your primary and secondary insurance plans. If you have no insurance coverage or your insurance does not pay in full, you will be expected to pay the balance due in 18 days. If you cannot pay the amount due within 18 days, please contact our Customer Service Department in the greater Portland area at (207) 887-5100 or toll-free at (866) 804-2499 to make other arrangements.

Payment Plans:

MaineHealth is committed to our patients and we understand that not all balances due can be paid in full at the time of billing. We are willing to work with our patients and establish an interest free payment plan that will work for our patients and meet the requirements of our policies. Please contact Customer Service at (207) 887-5100 or toll-free at (866) 804-2499 to discuss payment plan options. If you already have a payment plan with us, any new balances will not automatically be added to the payment plan. Please call Customer Service to discuss adding them.

Financial Assistance:

Maine state law requires hospitals to provide Free Care to those individuals who meet certain criteria. At MaineHealth, we exceed the state requirements and provide free or reduced cost care for families with incomes up to 175% of the Federal Poverty Level (FPL).

	State of Maine Free Care Requirement	MaineHealth Financial Assistance Guidelines
Family Income:	150% of FPL*	175% of FPL*
Discount Applied:	100%	100%

* Our Federal Poverty Level (FPL) guidelines are updated annually. For a copy of our current guidelines, please contact our Customer Service Department, or visit our website at www.mainehealth.org and click on the patient billing tab.

Office Hours:

Our Customer Service Department is open Monday through Thursday 8:00 a.m. - 6:00 p.m. and Friday 8:00 a.m. - 5:00 p.m. in the greater Portland area at (207) 887-5100 or toll-free at (866) 804-2499. You can also send us an email through our website at www.mainehealth.org by clicking on the Patient Billing tab and using our contact us form.

Thank you for choosing MaineHealth for your healthcare needs.

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 ()	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<input type="checkbox"/> Significant Other/Life Partner <input type="checkbox"/> Unknown <input type="checkbox"/> Other	
Employer's Name	Telephone ()
Employer's Address	
Employer's City	State Zip

About Your Insurance:

Insurance Company Name	
Insurance Company Address	
Insurance Company City	State Zip
Insurance Policy Number	Policy Effective Date
Policyholder's Name	Policyholder's Date of Birth
Social Security Number	
Employer	
Group Number	