



**SOUTHEAST GEORGIA
HEALTH SYSTEM**

**BRUNSWICK CAMPUS
PO BOX 1518
BRUNSWICK, GA
31521-1518**

May 16, 2003

Patient: A PATIENT
Account: 9999999
Total Charge: \$404.70
Account Balance: \$62.52
Date of Service: 04/08/03



1-1*****AUTO**5-DIGIT 12345
PAYFOR PATIENT
123 MEDICINAL LANE
SOMEWHERE, ST 12345-6789

CCMS

Dear A PATIENT

A claim has been filed to your insurance carrier and we are currently awaiting their response. Would you please contact your insurance company and ask the status of your claim and why it has not been paid?

This bill is ultimately your responsibility and if your insurance company fails to pay or respond to your claim, payment will be expected from you. Your attention to this matter now may ensure prompt payment by your carrier.

We ask that you please pay any deductible or co-payment amount you are subject to under your healthcare plan. For your convenience we have automatic bank draft available or if you are an employee of Southeast Georgia Health System, you have the option of payroll deduction. If you are financially unable to pay for your services, you may be eligible for full or partial financial assistance for your hospital bill. Please contact our office regarding additional information for any of these services at (912) 466-5000.

Sincerely,

Patient Financial Services
Brunswick Campus
(912) 466-5000

	BEGINNING BALANCE		404.70
4/30/03	MEDICARE O/P ADJ	990-0201	283.19
4/30/03	INSURANCE PAYMENT	990-0002	58.99
5/01/03	PATIENT PAYMENT	990-0001	0.00
	ESTIMATED INSURANCE F/C- U		62.52
	PATIENTS CURRENT BALANCE		62.52

STATEMENT DATE	SERVICE DATE	PATIENT NAME	CURRENT ACCOUNT BALANCE	ACCOUNT NUMBER	AMOUNT PAID
05/16/03	04/08/03	A PATIENT	\$62.52	9999999	\$
CHECK CARD USING FOR PAYMENT		CREDIT CARD NUMBER		EXP. DATE	CARDHOLDER SIGNATURE
MASTERCARD VISA AMERICAN EXPRESS					



**SOUTHEAST GEORGIA
HEALTH SYSTEM**

Quality Health Care Close to Home

MAKE CHECKS PAYABLE TO:

**SOUTHEAST GEORGIA HEALTH SYSTEM
BRUNSWICK CAMPUS
PO BOX 1518
BRUNSWICK, GA 31521-1518**

I would like a financial assistance application mailed to me.