

Introducing your new statement

At Lakeland Regional Health Medical Center we continually strive to improve services to our patients. We recently transitioned to a new billing system and statement. Depending on the date of your services at Lakeland Regional Health Medical Center, you may receive more than one billing statement for a period of time.

Lakeland Regional Health MEDICAL CENTER

AMOUNT DUE \$223.52 4

GUARANTOR NAME: James Smith (1) GUARANTOR NO. 12345678 (2) STATEMENT DATE: 08/14/20 (3) DUE DATE: 09/08/20

Hi James! This is your current hospital bill

Thank you for choosing **Lakeland Regional Health Medical Center** as your healthcare provider and for your prompt attention to this bill. Payment is due on **09/08/20**. Payment options are listed below.

Online Bill Pay
personapay.com/LRH

Make Payment in Full
You may pay your bill in full with a check or credit card in one of the following ways:
• Pay online at personapay.com/LRH
• Mail your payment using the coupon below in the envelope provided
• Pay in person at the Business Office inside the hospital

Payment Plan
If you are unable to pay your bill in full or you would like to discuss the possibility of setting up payment arrangements, please call **(844) 930-0464**.

Financial Assistance
Lakeland Regional Health Medical Center offers a Financial Assistance program to those who qualify. Applications and Financial Assistance Policy copies are available free of charge by calling **(844) 930-0464** or by visiting our website at <https://mylrh.org/financial-assistance/>.

detailed summary on next page >

Lakeland Regional Health MEDICAL CENTER
PO BOX 650292 | DALLAS, TX 75265

Pay online at personapay.com/LRH

JAMES SMITH
123 MAIN STREET
ANYTOWN, US 12345-1234

LAKELAND REGIONAL HEALTH MEDICAL CENTER
PO BOX 102049
ATLANTA, GA 30368-2049

IF PAYING BY DEBIT/CREDIT CARD


CARD NO.	SIGNATURE (7)	EXP DATE
STATEMENT DATE	GUARANTOR NO.	DUE DATE (8)
08/14/20	12345678	09/08/20
AMOUNT DUE	AMOUNT PAID (9)	
\$223.52		

PLEASE MAKE CHECKS PAYABLE TO: (10)


LAKELAND REGIONAL HEALTH MEDICAL CENTER
PO BOX 102049
ATLANTA, GA 30368-2049

- 1 Guarantor Name** - Name of person who is responsible for the bill.
- 2 Guarantor Number** - The Guarantor Number assigned to the person responsible for the bill.
- 3 Statement Date** - Date of your statement. If you have any questions, call customer service toll free at (844) 930-0464.
- 4 Payment Due** - The amount owed that reflects total charges minus any payment you and/or your insurance company made and was posted to your account as of the statement date. Any payments made after your statement date will not be reflected in the current balance due.
- 5 Payment Options** - These are the payment options that are available to you.
- 6 Pay Online** - This is the website to make your electronic payment.
- 7 Credit card payment** - If you are paying by credit card, use this area to fill in the type of credit card, card number, signature code (also known as a security code), amount you are paying, signature, and expiration date. We accept Mastercard, Discover, Visa, and American Express.
- 8 Due Date** - The date payment is due. If you are unable to pay in full by this date, call customer service toll free at (844) 930-0464 for payment options.
- 9 Show Amount Paid Here** - Write the amount you are paying toward this bill.
- 10 Make Checks Payable and Send To** - The provider name and address where payments should be sent.

Introducing your new statement



AMOUNT DUE
\$223.52

GUARANTOR NAME:
James Smith

GUARANTOR NO:
A12345678

STATEMENT DATE:
08/14/20

DUE DATE:
09/08/20

11 PRIMARY INSURANCE:
BCBS of Florida



SECONDARY INSURANCE:
Commercial

TOTAL CHARGES
\$4,098.40


PAYMENTS & ADJUSTMENTS
-\$3,304.44

14 \$223.52
DUE AMOUNT

Your Detail of Services

PATIENT NAME	ACCT NO.	DATE	DESCRIPTION	CHARGE AMOUNT
 JAMES SMITH	1234567	LAKELAND REGIONAL HEALTH MEDICAL CENTER		
		07/11/20	OFFICE/OUTPATIENT VISIT	\$111.76
		07/11/20	PHARMACY	\$35.00
		07/11/20	MEDICAL/SURGICAL SUPPLIES AND DEVICES	\$180.00
		07/11/20	EKG/ECG	\$122.00
		07/13/20	INSURANCE PAYMENT	-\$272.12
ENCOUNTER BALANCE DUE				\$111.76
 JANE SMITH	1234899	LAKELAND REGIONAL HEALTH MEDICAL CENTER		
		07/11/20	OFFICE/OUTPATIENT VISIT	\$236.00
		07/13/20	INSURANCE PAYMENT	-\$124.24
ENCOUNTER BALANCE DUE				\$111.76

If you would like an itemized listing of your hospital charge, please contact our office.



Billing questions, insurance updates or an itemized bill request?

Call Lakeland Regional Health Patient Financial Services at (844) 930-0464
8:00am to 5:00pm EST, Monday through Friday.

- 11 Detail Column Header** - Detail information.
- 12 Service Description** - Information specific to your visit, including: date of service, patient name, visit type, account number, primary insurance, and secondary insurance.
- 13 Amount Due** - Total amount due for a specific date of service.
- 14 Total Payment Due** - The total for services at all locations and all dates of service. This amount reflects any payments made and posted to your account to date. Any payments made after your Statement Date will not be reflected in the current balance due.

Questions?

Please contact customer service toll free at (844) 930-0464..

Hours: 8:00am to 5:00pm EST, Monday through Friday

Payments can be made online at personapay.com/LRH