



About Your Account

7 Statement Date: 08/14/2020
 2 Account Number: XXXXXXXXXXXX
 Patient Name: 11 JOHN DOE
 12 Service Date: 06/28/2019
 Primary Insurance: Medicare HMO
 10 Service Location: Surgery

4 **AMOUNT DUE** **\$65.00**

Dear JOHN DOE

Thank you for choosing Flagler Hospital for your healthcare needs. This bill contains charges for hospital services only. Charges for physician services related to your care will be billed separately. The balance shown on this statement is your responsibility and payment is expected at this time. The balance must be paid in full or set up on an approved payment plan. Please contact us today at (855) 438-2565 to discuss payment options. If you are uninsured or unable to pay your hospital bill, we may be able to assist you in obtaining financial assistance benefits through federal, state, and hospital programs.

9 Account Activity

06/28/2019	ANESTHESIA	\$2,412.83
	CENTRAL STERILE SUPPLY	\$32,194.22
	LABORATORY SERVICES	\$0.00
	MEDICAL SURGICAL	\$2,026.92
	OPERATING ROOM SERVICES	\$17,326.45
	PHARMACY SERVICES	\$1,496.21
	RADIOLOGY SERVICES	\$0.00
	RESPIRATORY SERVICES	\$0.00
	THERAPY SERVICES	\$648.90
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	Insurance Payments	-\$9,957.78
	Flagler Health+ Discount to You	-\$46,082.75
	PATIENT RESPONSIBILITY	\$65.00

Contact Us

- 1 Pay Online anytime at: www.flaglerhospital.org
- 13 **Scan The Code To Pay From Your Phone**
- To Pay by phone call: (855) 438-2565
- OPEN: Mon-Fri 8:00am-4:30pm
Available by phone until 6 pm
- Mail your check payment with the coupon below.

Financial Assistance

8 Financial Assistance is available for eligible individuals. Please see the back of this statement to learn about our policy.

Pay Online or Go Paperless Anytime at: www.flaglerhospital.org

Your Payment Coupon



UNDELIVERABLE MAIL RETURN ONLY
 c/o ACY RETURN MAIL PROCESSING
 PO BOX 29
 MOORESVILLE NC 28115-0029

Statement Date: 08/14/2020 Account Number: XXXXXXXXXXXX 3 Due Date: Upon Receipt
 Patient Name: JOHN DOE



AMOUNT DUE **\$65.00**

Make Checks Payable & Mail to:

If paying in person please go to:
 100 Whetstone Place Suite 101, St. Augustine FL 32086



5 205 1 MB 0.439
 JOHN DOE 2 234
 1234 DOE DR
 ST AUGUSTINE FL 32086

6 **FLAGLER HOSPITAL**
400 HEALTH PARK BLVD
ST AUGUSTINE FL 32086-5790

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1. Online Bill Payment Information: Flagler Hospital offers an online bill pay option to pay your account balance.
2. Billing Account Number: The account number of the person assigned to receive the bill. Refer to this number when contacting Flagler Hospital with questions.
3. Due Date: This is the date your payment is due at Flagler Hospital. A patient can make their payment online, mail in their payment, or call one of the phone numbers listed on the statement.
4. Account Balance Due: This is your total balance for services performed at all Flagler Hospital locations.
5. Addressee/Responsible Party Name (Guarantor): The person designated to receive the monthly billing statements. This person is responsible for coordinating the billing, payment, and insurance coverage for the account.
6. Name/Address To Send Payment To: Payments should be mailed to the address listed on your monthly statement of account.
7. Statement Date: This is the date your statement is printed.
8. Financial Assistance: This messages tells a patient where they can locate information on our financial assistance program.
9. Summary of Account: Summary of all activity for services with open balances on the current statement.
10. Service Location: The Location where the service was provided.
11. Patient Name: This is the person who received the service.
12. Service Date: This is the date the service was provided on.
13. Scan Code: This allows you to scan the bar code and pay the bill through your phone.