

Explanation of a Guarantor Bill

An example of a Susquehanna Health guarantor bill is shown. The guarantor is the party financially responsible for payment of the bill. A guarantor bill may include services provided to different family members. The numbered field descriptions match the numbers on the sample bill.

1. Guarantor name - Person responsible for bill.
2. Statement # / Account # - Numbers to reference if you have questions about the bill.
3. Amount Due - Total amount due for your accounts.
4. Name - Patient name.
5. Date - Date service was provided.
6. Provider - Place of service.
7. Charges - Total charges for each service.
8. Pay/Adj - Prior payments and insurance adjustments.
9. Bal. Due - Balance due for services (less payments & adjustments).
10. First billing notice message.
11. Second billing notice message.
12. Third billing notice message.
13. Payment stub - To be used when remitting payment via check or credit card.

Baltimore Mailing Address

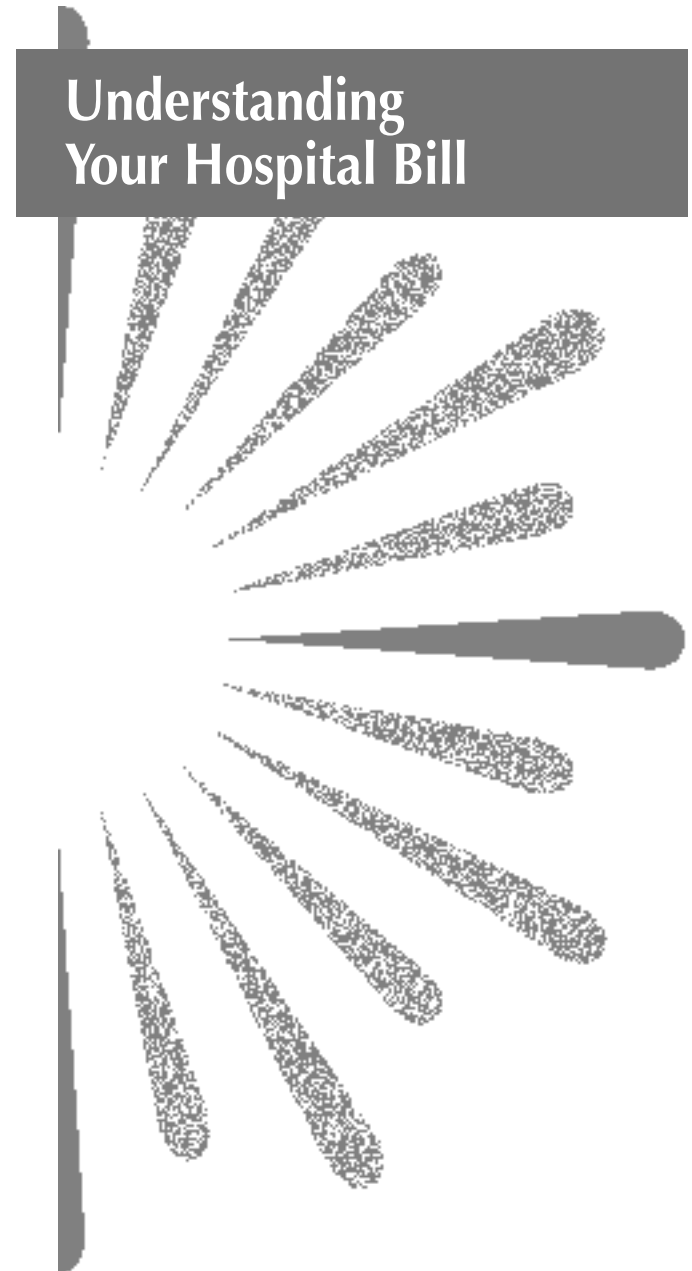
Payments should be sent to the Baltimore mailing address on your statement. This is the central processing location for our local bank. Sending your payment to this address ensures prompt posting to your hospital account.

Susquehanna Health						
PO Box 64058 Baltimore, MD 21264-0588						
For Account Information please call between 8 AM and 4 PM at 570-326-8196 or 800-433-0816.						
			1 John Doe	Statement Number: 10002804		
				Account Number: 8658		
				Amount Due: \$ 7,749.38		
Statement of Account as of: 02-28-2008						
(continued)						
Patient/Date	Provider	Service(s)	Charge(s)	Pay/Adj(s)	Bal. Due(s)	
4 John Doe	5 02-03-2008	ED TWH	6 OP Emergency Dept TWH	7 696.94	8 .00	9 696.94
Please pay promptly the balance due.						
10 Jane Doe	12-23-2007	Admission TWH	IP Admission TWH	5,676.94	.00	5,676.94
We have not received payment. Please call the account manager within 14 days to avoid further action.						
11 John Doe	12-23-2007	ED TWH	OP Emergency Dept TWH	1,197.14	.00	1,197.14
We have not received payment. Please call the account manager within 14 days to avoid further action.						
12 Jane Doe	11-16-2007	Emergency TWH	OP TWH	380.46	.00	380.46
Your balance due is in default. Further action will occur unless payment is received within 10 days.						
PLEASE PAY THIS AMOUNT					\$ 7,749.38	
Thank you for using Susquehanna Health for your healthcare needs. You may pay by Visa, Mastercard, or Discover, by telephone, by using the payment coupon on this statement or via the Internet at www.susquehanna.org/ebillsystem There will be a \$25.00 service fee for all returned checks.						
DUPLICATE COPY NEVER CASH						
Susquehanna Health 1205 Gramplan Blvd Suite 1E Williamsport PA 17701 ADDRESS SERVICE REQUESTED		For Internal Use Only 508704 AR: 13 8833	Statement Number: 10002804 Account Number: 8658	Please pay this amount: \$ 7,749.38		
<input type="checkbox"/> Please check this box if your address or insurance information has changed, and mail the changes to the back of this statement.		Make check payable to: Susquehanna Health		Account #/ID: _____		
John Doe 123 ABC Lane Anytown, PA 12345		Susquehanna Health PO Box 64058 Baltimore, MD 21264-0588				

List of Abbreviations

ED - Emergency Department
OP - Outpatient
IP - Inpatient
SVCS - Services

TWH - The Williamsport Hospital
DPH - Divine Providence Hospital
MVH - Muncy Valley Hospital



As an inpatient or outpatient at Susquehanna Health, you receive care from our fully integrated health system that includes:

- Divine Providence Hospital.
- Muncy Valley Hospital.
- The Williamsport Hospital & Medical Center.
- Muncy Valley Hospital Skilled Nursing Unit.

This brochure helps you understand the billing process, the role of health insurance companies and the type of payments available.

Registration

Bring all your insurance information with you every time you come for service. If you do not have all of the information with you, please call our Patient Accounting department (570) 326-8196 or toll free 1-800-433-0816 within three working days of your date of service with the complete information. If we do not receive your complete insurance information within this time, the bill is sent directly to you.

The Role Of Your Insurance Company

After receiving care, bills are sent to your primary or first insurance carrier. After your insurance company makes payments on your bill, they send you an “Explanation of Benefits” telling you the action taken on your bill. If there is a balance, we bill your secondary or additional insurance plan. If you have questions about services not covered by insurance, it is up to you to contact the insurance company. If your insurance does not pay your bill after a reasonable period of time, you are responsible for paying the bill.

The Billing Process

We mail you a bill listing your unpaid balances. The bill lists the date and place you received care, payments received and your balance due. If you have any changes to your address, employer, insurance and/or dependent status, please contact our Patient Accounting department at (570) 326-8196 or toll free 1-800-433-0816.

We accept Visa, Discover, MasterCard and American Express payments by phone, mail and online. You may also mail us a check.

To pay online for services you received in one of our hospitals, go to susquehannahealth.org/hospitalbill. To pay for services you received in one of our Susquehanna Health Medical Group offices, go to susquehannahealth.org/doctorbill.

Special Financial Arrangements

Patients who are not covered by insurance or who are responsible for large balances after insurance payments may take advantage of Financial Counseling on the first floor of the Thomas Rider Building (located at 1205 Grampian Blvd).

Options include starting a time payment schedule, applying for Medical Assistance or applying for our Charity Care Program. (Please note that before applying for the Charity Care Program, you must apply for Medical Assistance and get a determination from the County Assistance Office.)

Services Not Covered By Insurance

You are responsible for the services not covered by insurance. Some of the most common services not covered include:

- Paramedics fee.
- Crutches, canes and walkers.
- Emergency Room charges that the insurance company does not find to be a medical emergency.
- Cosmetic surgery.
- Services requiring an ABN (Advance Beneficiary Notice) where ordered tests are not supported by your doctor's diagnoses according to Medicare medical necessity guidelines.

Billing Inquiries

If you have any questions about your bill for services at Divine Providence Hospital, Muncy Valley Hospital or The Williamsport Hospital & Medical Center, call (570) 326-8196 or toll free 1-800-433-0816 (Susquehanna Health Patient Accounting department).

Other Services

You may receive bills directly from the following healthcare providers for treatment related to your services received at Susquehanna Health. If you have any questions about their bills, please call them directly. To help you, listed below are the most commonly requested numbers.

The following healthcare providers may bill for reading or interpreting your hospital test:

Susquehanna Imaging Associates
(Doctor interpreting your X-ray)
1-888-216-2675

Williamsport Pathology
(Doctor interpreting your lab test)
1-800-366-0903

The following healthcare providers may bill for the doctor who gave you emergency care:

Best Practices
(Emergency Physicians Billing)
{The Williamsport Hospital & Medical Center}
1-866-435-7602

Central PA Emergency Physicians
{Muncy Valley Hospital} - 1-800-355-2470

The following healthcare providers bill independently for their services:

Anesthesia Associates of Williamsport
(Doctor providing anesthesia)
1-800-883-8003

Susquehanna Home Care & Hospice
(570) 320-7690

Susquehanna MRI
(570) 326-8355

Susquehanna Health Medical Group
(570) 326-8723 or 1-800-223-3479

Williamsport Area Ambulance Service
(570) 321-2003