

Main Line Health Account Summary

Account Number: 1111111 | Statement Date: 10-29-2021

Thank you for choosing Main Line Health for your medical needs. Our records indicate that your insurance has processed your claim and the balance due is your responsibility. Please remit your balance of **\$507.61**. If you have been billed for more than one visit, your payment will be applied to the oldest amount due before it is applied to the most recent bill, unless otherwise specified. Payments received after the billing cycle will appear on your next statement.

Total Charges \$4,377.00	Insurance Payments/Credits \$0.00	Your Prior Payments \$492.39	Adjustments \$3,377.00	Balance Due \$507.61
These are the charges for the medical services provided at your recent visit(s).	This is what your insurance plan paid after co-pay and deductibles plus discounts due to contractual agreements made between Main Line Health and your insurer.	This is the amount that you have paid previously, including co-pays	This is the amount of your bill that Main Line Health has agreed not to charge you.	Please pay this amount in full by the due date or call 484-337-1970 to review your payment options.

Please see back for detailed summary



Main Line MyChart

- Message your care team
- Pay your bills easily
- Access lab results
- Manage appointments & prescriptions

Visit: mainlinehealth.org/mychart
Activation Code: 5NX4H-T9JZ4-KD7DJ

Your Payment Options

- Online:** Mainlinehealth.org/patientbilling
Make an online payment in minutes. Fast, secure, and available 24/7.
- Phone:** Call 484-337-1970
Please have payment ready.
- Pay By Mail:** Make checks payable to **Main Line Health** or complete bottom stub for credit card payment.

Please detach and return bottom stub with payment. Please include your account # on your check.

130 South Bryn Mawr Avenue
Bryn Mawr, PA 19010


Statement Date: 10-29-2021 | Account #: 111111

Total Amount Due:	\$507.61
Payment Due By:	Upon Receipt


One-time online payment
Mainlinehealth.org/patientbilling

<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard	CARD NUMBER	EXP. DATE	PAYMENT AMOUNT
<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS	PRINT NAME	SIGNATURE	

*****AUTO**MIXED AADC 460
15-10-3141



MAIN LINE HEALTH
PATIENT PAYMENTS
P.O. BOX 780163
PHILADELPHIA, PA 19178-0163





Main Line Health®
Well ahead.®

Total Amount You Owe:

\$507.61



Due Upon Receipt

NEW BALANCES

Patient Name:

| Guarantor #111111

Hospital Charges

Account # 2101338050 | Service Date: 6/20/2021 - 6/20/2021

	Amount
Paoli Hospital	
Total Charges	\$4,377.00
Insurance Payments & Credits	\$0.00
Adjustments	-\$3,377.00
Patient Payments	-\$492.39
Balance	\$507.61
Overall Patient Responsibility for Hospital Services	
	\$507.61

Financial Assistance

Charity care and Financial Assistance is available for those who qualify. Visit: mainlinehealth.org/assistance.

La Política de atención caritativa y de asistencia de la línea principal de salud está ubicada en: mainlinehealth.org/assistance.

PLEASE COMPLETE IF THERE ARE ERRORS OR CHANGES IN ADDRESS OR INSURANCE INFORMATION

Responsible Person's Name		Home Phone Number		Work Phone Number		e-Mail Address		
Address			City		State	ZIP	MARITAL STATUS <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED	
Primary Insurance Coverage	Policy Holder (Subscriber) Name		Subscriber Birth Date	Effective Date		Subscriber ID Number	Group/Plan Number	
	Insurance Company Name		Insurance Company Address				City	State ZIP
	Employer Name		Employer Phone		Plan Name	Relationship of Patient to Subscriber <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER		
Secondary Insurance Coverage	Policy Holder (Subscriber) Name		Subscriber Birth Date		Subscriber ID Number		Group/Plan Number	
	Insurance Company Name		Insurance Company Address				City	State ZIP
	Employer Name		Employer Phone		Plan Name	Relationship of Patient to Subscriber <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER		