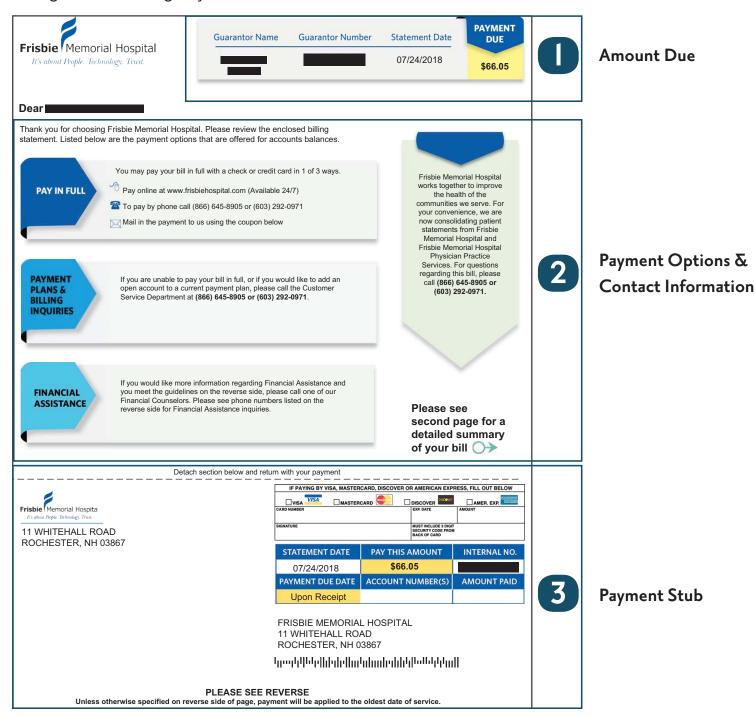
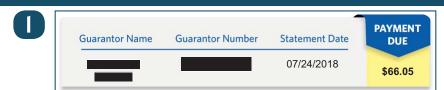
AN EXPLANATION OF YOUR BILLING STATEMENT

Shown below is a sample billing statement. For each numbered section of the statement, we provide on the following pages a more detailed explanation to help you better understand your billing statement.

Billing Statement: Page I, front



Billing Statement: Page I, front



Guarantor Name: The Guarantor is the person who is responsible for paying the bill. The Guarantor may be the patient (18+ years of age), a parent or guardian of the patient, or any other person responsible for paying for medical services.

Guarantor Number: Each Guarantor is assigned his/her own ten digit number, which will be listed on all billing statements. The Guarantor Number is not the same as an Account Number. Account Number(s) will be listed on the reverse side of the payment stub (Image 3, shown below).

Statement Date: The date when the billing statement was created.

Payment Due: The amount that the Guarantor is responsible for paying. This amount is calculated by adding up the balance of a current bill and any balance remaining from a previous bill(s).

second page for a

detailed summary of your bill

Thank you for choosing Frisbie Memorial Hospital. Please review the enclosed billing statement. Listed below are the payment options that are offered for accounts balances.

You may pay your bill in full with a check or credit card in 1 of 3 ways.

Pay online at www.frisbiehospital.com (Available 24/7)

To pay by phone call (866) 645-8905 or (603) 292-0971

Mail in the payment to us using the coupon below

PAYMENT
PLANS &
BILLING
INQUIRIES

If you are unable to pay your bill in full, or if you would like to add an open account to a current payment plan, please call the Customer
Service Department at (866) 845-8905 or (603) 292-0971.

If you would like more information regarding Financial Assistance and you meet the guidelines on the reverse side, please call one of our Financial Counselors. Please see phone numbers listed on the reverse side of Financial Counselors. Please see phone numbers listed on the reverse side of Financial Counselors. Please see

The detailed summary of your bill includes date and type of service(s) rendered, any insurance adjustments and payments that were applied, and any balance remaining.

On the reverse side of the payment stub, check the box or boxes of the Account Number(s) you want your payment to be applied to. Reverse side of payment stub shown on next page.

Account Number(s): The Account Number is a number assigned to a specific medical service that was rendered on a specific date. The Account Number is not the same as the Guarantor Number. The Account Number(s) are listed on the reverse side of the payment stub. Select by checking the box or boxes of the account(s) to which your payment should be applied. Payments submitted without indicating an account(s) will be applied to the account with the oldest date of service (DOS).

Amount Paid: The total amount that you are paying on this billing statement.

Criteria for financial assistance is based, in part, on a family income 300% of the Federal Poverty Guidelines.

FINANCIAL AID GUIDELINES

FEDERAL POVERTY GUIDELINES FRISBIE MEMORIAL HOSPITAL 300%		
GUIDELINES 2018	GUIDELINES EFFECTIVE 6/1/2018	
12,140.00	36,420.00	
16,460.00	49,380.00	
20,780.00	62,340.00	
25,100.00	75,300.00	
29,420.00	88,260.00	
33,740.00	101,220.00	
38,060.00	114,180.00	
42,380.00	127,140.00	
Add 4,320.00	12,960.00	
	GUIDELINES 2018 12,140.00 16,460.00 20,780.00 25,100.00 29,420.00 33,740.00 38,060.00 42,380.00	

If your last name begins with A-K call: (603) 335-8109 If your last name begins with L-Z call: (603) 335-8885

ins with L-Z call: (603)

To speak with a Financial Counselor, please call the phone number applicable to you (based on the first letter of your last name).

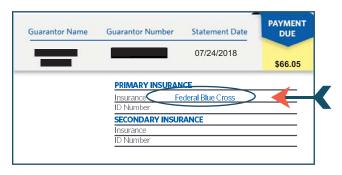
Payment Stub, back side

each Account Number will be on page 2

of the Billing Statement.

Check the box or boxes of the Account Number(s) that you are paying on this billing statement.

Note: If you are unable to pay in full upon receipt, please contact Customer Service at (866) 645-8905 or (603) 292-097I to set up a payment arrangement or to discuss other options.



The insurance provider listed here is where the bill was submitted for payment. Please verify that the insurance provider listed here is accurate. If you do not have health insurance, Self Pay will be listed instead of an insurance provider.



The Account Number is the number assigned to a specific service that was rendered on a specific date. There are two Account Numbers on this billing statement.

PATIENT NAME	ACCOUNT NUMBER	DATE	PROVIDER	SUMMARY	AMOUNT
PROFESSIONAL S	ERVICES				
	WM00	06/22/2018	White Mountain Med Ctr Family Practice	Professional Fees Total Charges Total Insurance Payment Total Insurance Adjustment Total Patient Payment Total Patient Adjustment Balance	232.00 232.00 -72.76 -131.24 0.00 0.00 28.00
HOSPITAL SERVIC	ES				
	A0000	06/22/2018	Frisbie Memorial Hospital	Laboratory Total Charges Total Insurance Payment Total Insurance Adjustment Total Patient Payment Total Patient Adjustment Balance	648.00 648.00 -25.69 -584.26 0.00 0.00 38.05
				TOTAL PAYMEN	T DUE: \$66.0

SUMMARY of charges

Total Charges: The cost for medical services (as listed by Provider, such as Frisbie Memorial Hospital or a Physician Practice Services primary or specialty care office).

Total Insurance Payment: The amount paid by the listed insurance provider (as shown at top). If you have questions about the insurance payment, please contact your insurance provider directly.

Total Insurance Adjustment: The amount that the provider (Frisbie Memorial Hospital) has agreed to discount the cost of the medical service. This is a contractual discount made between Frisbie and the patient's insurance company.

Total Patient Payment: Any personal form of payment applied to the account (check, cash or credit card)

Total Patient Adjustment: Discount applied to Self Pay patients

