




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 1, front

 <p>Frisbie Memorial Hospital <i>It's about People. Technology. Trust.</i></p> <p>Dear [REDACTED]</p>	<table border="1"> <thead> <tr> <th>Guarantor Name</th> <th>Guarantor Number</th> <th>Statement Date</th> <th>PAYMENT DUE</th> </tr> </thead> <tbody> <tr> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>07/24/2018</td> <td>\$66.05</td> </tr> </tbody> </table>	Guarantor Name	Guarantor Number	Statement Date	PAYMENT DUE	[REDACTED]	[REDACTED]	07/24/2018	\$66.05	<p>1</p>	<p>Amount Due</p>																
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<p>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.</p> <div data-bbox="110 743 820 907"> <p>PAY IN FULL</p> <p>You may pay your bill in full with a check or credit card in 1 of 3 ways.</p> <ul style="list-style-type: none"> 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 </div> <div data-bbox="110 940 820 1115"> <p>PAYMENT PLANS & BILLING INQUIRIES</p> <p>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) 645-8905 or (603) 292-0971.</p> </div> <div data-bbox="110 1148 820 1310"> <p>FINANCIAL ASSISTANCE</p> <p>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 for Financial Assistance inquiries.</p> </div> <div data-bbox="865 688 1101 1167"> <p>Frisbie Memorial Hospital works together to improve the health of the communities we serve. For your convenience, we are now consolidating patient statements from Frisbie Memorial Hospital and Frisbie Memorial Hospital Physician Practice Services. For questions regarding this bill, please call (866) 645-8905 or (603) 292-0971.</p> </div> <div data-bbox="883 1226 1075 1331"> <p>Please see second page for a detailed summary of your bill →</p> </div>		<p>2</p>	<p>Payment Options & Contact Information</p>																								
<p>Detach section below and return with your payment</p> <div data-bbox="105 1402 321 1520">  <p>11 WHITEHALL ROAD ROCHESTER, NH 03867</p> </div> <table border="1"> <thead> <tr> <th colspan="3">IF PAYING BY VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW</th> </tr> <tr> <td><input type="checkbox"/> VISA</td> <td><input type="checkbox"/> MASTERCARD</td> <td><input type="checkbox"/> DISCOVER</td> </tr> </thead> <tbody> <tr> <td>CARD NUMBER</td> <td>EXP. DATE</td> <td>AMOUNT</td> </tr> <tr> <td>SIGNATURE</td> <td colspan="2">MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD</td> </tr> <tr> <td>STATEMENT DATE</td> <td>PAY THIS AMOUNT</td> <td>INTERNAL NO.</td> </tr> <tr> <td>07/24/2018</td> <td>\$66.05</td> <td>[REDACTED]</td> </tr> <tr> <td>PAYMENT DUE DATE</td> <td>ACCOUNT NUMBER(S)</td> <td>AMOUNT PAID</td> </tr> <tr> <td>Upon Receipt</td> <td></td> <td></td> </tr> </tbody> </table> <p>FRISBIE MEMORIAL HOSPITAL 11 WHITEHALL ROAD ROCHESTER, NH 03867</p>  <p>PLEASE SEE REVERSE Unless otherwise specified on reverse side of page, payment will be applied to the oldest date of service.</p>		IF PAYING BY VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW			<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	CARD NUMBER	EXP. DATE	AMOUNT	SIGNATURE	MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD		STATEMENT DATE	PAY THIS AMOUNT	INTERNAL NO.	07/24/2018	\$66.05	[REDACTED]	PAYMENT DUE DATE	ACCOUNT NUMBER(S)	AMOUNT PAID	Upon Receipt			<p>3</p>	<p>Payment Stub</p>
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Guarantor Name	Guarantor Number	Statement Date	PAYMENT DUE \$66.05
██████████	██████████	07/24/2018	

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).

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Dear ██████████

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.

PAY IN FULL

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) 645-8905 or (603) 292-0971.

FINANCIAL ASSISTANCE

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 for Financial Assistance inquiries.

Frisbie Memorial Hospital works together to improve the health of the communities we serve. For your convenience, we are now consolidating patient statements from Frisbie Memorial Hospital and Frisbie Memorial Hospital Physician Practice Services. For questions regarding this bill, please call (866) 645-8905 or (603) 292-0971.

Please see second page for a detailed summary of your bill →

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.

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Detach section below and return with your payment

Frisbie Memorial Hospital
It's about People. Technology. Trust.

11 WHITEHALL ROAD
 ROCHESTER, NH 03867

IF PAYING BY VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW		
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER
<input type="checkbox"/> AMER. EXP.		
CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE		PLEASE INCLUDE 3-DIGIT SECURITY CODE FROM BACK OF CARD

STATEMENT DATE	PAY THIS AMOUNT	INTERNAL NO.
07/24/2018	\$66.05	██████████
PAYMENT DUE DATE	ACCOUNT NUMBER(S)	AMOUNT PAID
Upon Receipt		

FRISBIE MEMORIAL HOSPITAL
 11 WHITEHALL ROAD
 ROCHESTER, NH 03867

PLEASE SEE REVERSE
 Unless otherwise specified on reverse side of page, payment will be applied to the oldest date of service.

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

FAMILY UNIT SIZE	FEDERAL POVERTY GUIDELINES GUIDELINES 2018	FRISBIE MEMORIAL HOSPITAL 300% GUIDELINES EFFECTIVE 6/1/2018
1	12,140.00	36,420.00
2	16,460.00	49,380.00
3	20,780.00	62,340.00
4	25,100.00	75,300.00
5	29,420.00	88,260.00
6	33,740.00	101,220.00
7	38,060.00	114,180.00
8	42,380.00	127,140.00
Each additional member in household:	Add 4,320.00	12,960.00

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

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

ACCOUNT NUMBER	AMOUNT	DOS	
A0000 [REDACTED]	30.00	04/18/2018	<input type="checkbox"/>
SI000 [REDACTED]	30.00	04/12/2018	<input type="checkbox"/>

An Account Number is a number assigned to a specific service rendered on a specific date. A detailed summary of 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) 292-0971 to set up a payment arrangement or to discuss other options.

Guarantor Name	Guarantor Number	Statement Date	PAYMENT DUE \$66.05
██████████	██████████	07/24/2018	
PRIMARY INSURANCE			
Insurance	Federal Blue Cross		
ID Number	██████████		
SECONDARY INSURANCE			
Insurance	██████████		
ID Number	██████████		

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 SERVICES					
██████████	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 SERVICES					
██████████	A000 ██████████	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 PAYMENT DUE: \$66.05					

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

How satisfied are you overall with our Customer Service support? Please let us know.

Note: This email is for feedback only. For questions about your bill, please call (866) 645-8905 or (603) 292-0971.

PAY ONLINE!
www.frisbiehospital.com

TELL US HOW WE ARE DOING

Email us: FMHcustomerservice@FMHospital.com

