

We Are Excited About Our New Statements!

Statement Example

LIFEBRIDGE HEALTH
CARE BRAVELY
1946 Greenspring Drive Suite R, Timonium, MD 21093-4152
Electronic Service Requested

PAT PATIENT
122 MAIN STREET
BALTIMORE MD 12345

Account Summary	
Guarantor 9772561	
Statement Date	09/05/2021
Total Remaining Balance	\$180.00
Payment Plan Amount Due	\$0.00
Amount Due	\$180.00

DUE UPON RECEIPT

Any financial activity from your statement date forward will be reflected on your next bill. If you would like an itemized bill, please contact Customer Service.

 **Pay Online Today**
lifebridgehealth.org/Main/ePay.aspx

LIFEBRIDGE HEALTH
CARE BRAVELY
1946 Greenspring Drive Suite R, Timonium, MD 21093-4152

Pay Online
lifebridgehealth.org/Main/ePay.aspx

If paying by check, please make check payable to LifeBridge Health and include your guarantor # on your check.

Amount Due Upon Receipt

\$180.00

Important Messages

Thank you for choosing LifeBridge for your health care needs. Your balance is due now. Please pay upon receipt of this notification. If you are unable to pay the full balance, please go online to view your possible payment plan options.

Payment Methods

 Pay online today
lifebridgehealth.org/Main/ePay.aspx

 Pay by phone 24 hours a day
(410) 314-4969

Customer Service

(800) 788-6995
Hours of operation:
Monday - Friday
7:30 AM - 5:00 PM

Important to know information that is easy to find.

Check out our easy **online bill payment** and **pay by phone** options.

Need to talk? **Give us a call!**

Please Note: Your providers may bill separately for their professional services.

LIFEBRIDGE HEALTH
CARE BRAVELY
1946 Greenspring Drive Suite R, Timonium, MD 21093-4152

Guarantor Number 1234567 Patient Name PAT PATIENT

Due Date Upon Receipt

Minimum Amount Due: \$180.00

Amount Enclosed:

LIFEBRIDGE HEALTH
PO BOX 69380
BALTIMORE, MD 21264-9380


97725610000000000000180008

We will show you a **quick summary** of what you owe.

Would you prefer to send in a check? Sure, but please remember to include the coupon. We'll take care of the rest.

Back of Statement Example

Important **financial assistance information** and **additional phone numbers** you may need are here.



Guarantor Number: 1234567
Guarantor Name: PAT PATIENT
Statement Date: 09/05/2021

Financial Assistance Eligibility Criteria – You may qualify for full or partial assistance for healthcare services billed by LifeBridge Health. Full assistance or 100% discount is available to those individuals with gross annual income 300% or less of the federal poverty guidelines. Financial Hardship Reduced Cost Care which limits financial liability not to exceed 25% of gross annual income is available to those with gross annual income between 301% - 500% of the federal poverty guidelines. Eligibility for both discount programs is calculated based on the number of people in the household and extends to any immediate family member living in the household. Approvals are valid for twelve months. Patients are encouraged to re-apply for continued eligibility after twelve months.

Where to Find Information – To obtain a Financial Assistance application and cover letter
 1) Ask a member of our Registration Staff 2) Visit our Customer Service Representatives in the main lobby of the Hospital
 3) Call Customer Service at (800) 788-6995 (M-F 7:30 AM – 5:00 PM) 4) Visit www.lifebridgehealth.org

How to Apply – Complete an application following the instructions in the cover letter, and return the application and applicable documentation to Customer Service or mail to:

LifeBridge Health
 Attn: Financial Assistance Representative
 1946 Greenspring Drive, Suite R
 Timonium, Maryland 21093

Appeals and Complaints – You may file an appeal or complaint via the mailing address, email or Customer Service phone number(s) above. Patients may file a complaint against the hospital for an alleged violation of its financial assistance policy at hsrc.patient-complaints@maryland.gov. You may also file a complaint with the Maryland Health Education and Advocacy Unit at (410) 528-1840 or HEAU@oag.state.md.us.

Maryland Medical Assistance (Medicaid) – For information, call the Department of Health and Mental Hygiene (DHMH) Recipient Relations Hotline at (800) 492-5231 or your local Department of Social Services at (800) 332-6347 or on the web at www.dhr.state.md.us. LifeBridge Health Patient Representatives can also assist you with the Maryland Medical Assistance application process.

Patient's Rights and Obligations – For information, go to www.lifebridgehealth.org and click on "Patient Rights and Responsibilities" in QUICK LINKS. You may also contact LifeBridge Health Customer Service at (800) 788-6995 (M-F 7:30 AM – 5:00 PM).

Physician Charges and Hospital Charges – Physician charges are not included in the hospital bill and are billed separately. Non-LifeBridge Health physician charges will be billed separately.

Written Estimate – The patient has the right to request and receive a written estimate of the total charges for future hospital nonemergency services, procedures, and supplies that reasonably are expected to be provided by the hospital. To create your own estimate, go to www.lifebridgehealth.org and click on "Price Transparency" in QUICK LINKS. You may also contact LifeBridge Health Customer Service at (800) 788-6995 (M-F 7:30 AM – 5:00 PM).

If mailing your payment and you have a **new address or insurance update**, you can share the details right here.

Change of Address or Health Insurance Information

Change of Address

Name (Last, First, Middle Initial)		Address	
City	State	Zip	Telephone

Insurance Updates

Insurance Type: (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Secondary			
Primary Policy Holder Name			
Primary Insurance Name	Effective Date		
Primary Insurance Street Address			
City	State	Zip	Telephone
Employer Name	Group Number		
Subscriber ID #	Policy Holder's Date of Birth		

Pay Online Today
lifebridgehealth.org/Main/ePay.aspx

Account Information

We've broken out each visit, so you can see charges, payments, as well as the amount due.



Guarantor Number: 1234567
Guarantor Name: PAT PATIENT
Statement Date: 09/05/2021

Accounts Not On Payment Plan

	Description	Charges	Insurance Pmt/Adj	Patient Pmt/Adj	Patient Responsibility
Professional Accounts					
Visit #: 1856	Patient Name: Pat Patient Location: BERGER-QUARRY LAKE Provider: MALACHEVSKY NP-CPE.,YURY				
7/1/21	Medical Services	\$295.00			
	Insurance Pmts and Adjustments		-\$280.00		
	Account Subtotals	\$295.00	-\$280.00	\$0.00	\$15.00
Thank you for choosing LifeBridge Health for your health care needs. Your balance is due now. Please pay upon receipt of this notification. If you are unable to pay the full balance, please go online to view your possible payment plan options.					
Professional Accounts					
Visit #: 1853	Patient Name: Pat Patient Location: BERGER-QUARRY LAKE Provider: MALACHEVSKY NP-CPE.,YURY				
7/22/21	Medical Services	\$205.00			
	Insurance Pmts and Adjustments		-\$190.00		
	Account Subtotals	\$205.00	-\$190.00	\$0.00	\$15.00
Thank you for choosing LifeBridge Health for your health care needs. Your balance is due now. Please pay upon receipt of this notification. If you are unable to pay the full balance, please go online to view your possible payment plan options.					
Hospital Services					
Visit #: 97725	Patient Name: Pat Patient Location: Emergency				
6/26/21	MEDICAL SUPPLIES	\$36.88			
	LAB SERVICES CHEMISTRY	\$38.48			
	LAB SERVICES HEMATOLOGY	\$25.66			
	PHARMACY	\$22.90			
	EMERGENCY ROOM EMTALA	\$663.56			
	EMERGENCY ROOM SCREENING	\$165.89			
	Insurance Pmts and Adjustments		-\$803.37		
	Account Subtotals	\$953.37	-\$803.37	\$0.00	\$150.00
Thank you for choosing LifeBridge Health for your health care needs. Your balance is due now. Please pay upon receipt of this notification. If you are unable to pay the full balance, please go online to view your possible payment plan options.					
Account (Not on a Pay Plan) Totals		\$1,453.37	-\$1,273.37	\$0.00	\$180.00

Both *professional* and *hospital services* are reflected on your statement and color coded for clarity.

We Are Excited About Our Payment Plan Offerings!!

Payment Plan Statement Example

LIFEBRIDGE HEALTH.
CARE BRAVELY
1946 Greenspring Drive Suite R, Timonium, MD 21093-4152
Electronic Service Requested

PAT PATIENT
123 MAIN ST
BALTIMORE MD 12345

Amount Due Upon Receipt

\$308.41

Important to know information that is easy to find.

Important Messages

Thank you for choosing LifeBridge Health for your health care needs. Your balance is due now. Please pay upon receipt of this notification. If you are unable to pay the full balance, please go online to view your possible payment plan options.

Payment Methods



Pay online today
lifebridgehealth.org/Main/ePay.aspx

Check out our easy **online bill payment** and **pay by phone** options.



Pay by phone 24 hours a day
(410) 314-4969

Customer Service

(800) 788-6995

Hours of operation:
Monday - Friday
7:30 AM - 5:00 PM

Need to talk?
Give us a call!

We will show you a **quick summary** of what you owe.

Account Summary	
Guarantor: 1234567	
Statement Date	08/22/2021
Total Remaining Balance	\$308.41
Payment Plan Amount Due	\$0.00
Amount Due	\$308.41
DUE UPON RECEIPT	

Any financial activity from your statement date forward will be reflected on your next bill. If you would like an itemized bill, please contact Customer Service.

Payment Plan option is here!

There may be a service fee of \$3.95 per month for a payment plan.

Payment Options		
Payment Plan \$55.36* x 6 months	OR	Pay In Full \$308.41 Due Upon Receipt
<small>Includes \$3.95 monthly service fee per installment.</small>		
View All Options: lifebridgehealth.org/Main/ePay.aspx		



Please Note: Your providers may bill separately for their professional services.

LIFEBRIDGE HEALTH.
CARE BRAVELY
1946 Greenspring Drive Suite R, Timonium, MD 21093-4152

Guarantor Number: 1234567
Patient Name: PAT PATIENT

Due Date: Upon Receipt

Pay Online
lifebridgehealth.org/Main/ePay.aspx

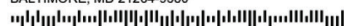
Minimum Amount Due: \$308.41

Amount Enclosed:

Make a payment of \$55.36* to activate a payment plan. By paying monthly, I agree to the terms located at lifebridge.simplepay.com

If paying by check, please make check payable to LifeBridge Health and include your guarantor # on your check.

LIFEBRIDGE HEALTH
PO BOX 69380
BALTIMORE, MD 21264-9380



Payment Plan Statement Example

We'll provide a monthly statement (electronic or paper) to show you your **monthly payment due** and the **total amount you owe**.

Setup **autopay** with your credit card or checking account to setup autopay with your credit card or checking account to handle your future payments!

LIFEBRIDGE HEALTH
CARE BRAVELY
1946 Greenspring Drive Suite R, Timonium, MD 21093-4152
Electronic Service Requested

PAT PATIENT
123 MAIN ST
BALTIMORE MD 12345



Account Summary	
Guarantor 1234567	
Statement Date	08/31/2021
Total Remaining Balance	\$885.55
Payment Plan Amount Due	\$151.55
Amount Due	\$151.55
DUE UPON RECEIPT	

Any financial activity from your statement date forward will be reflected on your next bill. If you would like an itemized bill, please contact Customer Service.

 **Auto Debit On: 09/01/2021**
View Details:
lifebridgehealth.org/Main/ePay.aspx

Amount Due Upon Receipt
\$151.55

Important Messages
Thank you for choosing LifeBridge Health for your health care needs. Your balance is due now. Please pay upon receipt of this notification. If you are unable to pay the full balance, please go online to view your possible payment plan options.

- Payment Methods**
-  Pay online today
lifebridgehealth.org/Main/ePay.aspx
 -  Pay by phone 24 hours a day
(410) 314-4969

Customer Service
(800) 788-6995
Hours of operation:
Monday - Friday
7:30 AM - 5:00 PM

Please Note: Your providers may bill separately for their professional services.

LIFEBRIDGE HEALTH
CARE BRAVELY
1946 Greenspring Drive Suite R, Timonium, MD 21093-4152

Guarantor Number 1234567 Patient Name PAT PATIENT Due Date Upon Receipt

Pay Online
lifebridgehealth.org/Main/ePay.aspx

Minimum Amount Due: \$151.55

Amount Enclosed:

If paying by check, please make check payable to LifeBridge Health and include your guarantor # on your check.

LIFEBRIDGE HEALTH
PO BOX 69380
BALTIMORE, MD 21264-9380




Save time, pay online!

LifeBridge Health has enhanced our digital patient financial experience so you can easily see your accounts and make a payment online!

Our online payment experience allows:



Easy access to all your hospital bills in one location, 24/7



Visibility into payment history & balance(s) owed



Digital ways to pay based on your preference —go paperless!



Pay online today
lifebridgehealth.org/Main/ePay.aspx

click here to return to Bill Pay
lifebridgehealth.org/Main/ePay.aspx