

Understanding your Baptist Health billing statement

All Baptist Health bills, whether from a primary care physician, Baptist specialty physician, or a hospital visit or test, will look like the below statement. Here's what you need to know.

Page 1: Summary of Billing Statement

This page provides the important details of your bill, including the amount billed to your insurance and the amount you are responsible for, and it also outlines the different methods you can use to make payments.


This section provides an overview of your bill and the number of our Customer Service team should you have any questions.

Amount your insurance has been billed for this statement.

Due date

Total patient balance remaining.

If paying through the mail, detach the bottom of this page and include with your payment. If paying by check, include the account number on the check. If paying with a credit card, fill out all the required credit card information here.



Account number: 5160
Responsible party: General Pbtst
Statement date: July 17, 2022

Thank you for choosing Baptist Health.

The Amount Due is your responsibility. Please submit payment by August 14, 2022. If you have any questions or would like to speak to someone about payment options or Financial Assistance, contact Customer Service at 904.202.2092. If payment has been submitted or payment arrangements made, please disregard this statement.


Account Summary	
Total Charges	\$5,138.00
Insurance Payments	\$0.00
Your Payments	-\$1,541.40
Your current balance	\$3,596.60

Amount due by August 14, 2022 \$3,596.60

Pay Your Bill Online

*my***BaptistChart**

The easiest way to view your statements, make payments, schedule appointments, and more!
my.baptistchart.com



my.baptistchart.com **1**

Activation code: MN5FW-5TX9X-V6SVR
Not interested in signing up for My Baptist Chart?
Use this info for guest pay.
Account ID: 5160 Name: Pbtst


Pay by Mail **2**

Complete the form below and return in the enclosed envelope.

Pay by Phone **3**

Call 904.202.2092 to pay 24/7.
Questions? Staff is available 7:30am - 4:45pm weekdays.

Detach the bottom portion to return with your payment.







Make check payable to Baptist Health.

Addresssee
General Pbtst
123
JACKSONVILLE FL 32207

You Owe \$3,596.60
Due By August 14, 2022

Amount Enclosed	\$
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Card Type (Please Circle):    

Cardholder Name		
Card #	Exp Date	Sec Code
Signature		

Acct. #: 5160

My address or insurance information has changed. I have written these changes on the back of this form.

73604800000051600000359660 5

This section includes your Account Number, which is a specific string of numbers that identifies this bill (you'll need this if paying by check or online without a My Baptist Chart account), the name of the person responsible for the bill, and the statement date, which is when the statement was generated (note: this is not your due date).

Three different ways to pay your balance:
1. Online
2. By Mail
3. By Phone

For more information, visit baptistjax.com/billing.
Para una versión en español de este documento, visite baptistjax.com/billing.



Page 2: Summary of Financial Assistance

This page describes financial assistance information. Please review and contact customer service as needed at 904.202.2092.

4 methods of assistance

Thank you for choosing Baptist Health for your health care needs. Our mission and core values call us to create a healthier community, and it is our policy to help our patients understand the financial resources that may be available to them if they are unsure if they can afford the care they need.

Baptist Health offers:

- **Help** for patients in gaining access to government programs such as Medicaid, as well as other state and local programs.
- **Payment Plans** based on the patient's financial status and total amount due. Our goal is to help patients pay their bills in a fair and considerate way based on their circumstances.
- **Financial Assistance** to patients who meet our Financial Assistance Policy (FAP), which provides free or discounted hospital care to qualifying patients. It is important for our patients to provide the necessary information that allows us to offer discounts and other financial assistance. To qualify for assistance, you will be asked to complete a simple form and confirm your family income and assets. This summary, the FAP, and application forms are available online at my.baptistchart.com and baptistjax.com/fap and the discharge cashier's office located at each of our hospitals. Free copies of the FAP and application forms may also be obtained by writing to:

ATTN: FINANCIAL ASSISTANCE ADVOCATE
BAPTIST HEALTH JACKSONVILLE
PO BOX 736048
DALLAS, TX 75373-6048

- **Referrals** to programs for medical care if patients do not qualify for financial assistance.

If you have any questions or would like to arrange for a financial evaluation, please call Customer Service at 904.202.2092 weekdays, 8am-5pm.

Reminder of the different payment methods

Payment Option/Contact Information



904.202.2092
(24/7 automated payment system)



By Credit Card - complete payment stub and return



Online my.baptistchart.com



By Check - return payment stub with check

You may receive bills from independent health care professionals (such as doctors, pathologists, surgeons, and radiologists) who provided services to you while you were in a Baptist Health facility. Though these professionals provide services to our patients, their billing does not go through Baptist Health. As independent practitioners, they bill for their services separately. If you have questions about their bills, please contact their office directly.

Contact information for independent practitioners

Emergency Resources Group	888.311.8760
Mori, Bean & Brooks, P.A.	904.399.5800
US Anesthesia Partners	321.422.7100

Change in personal information

Has any of the following changed? Please visit My Baptist Chart or make your changes below.

Check One: primary secondary

Change in insurance

your name (last, first, middle initial)		your insurance company's name		effective date
street address		primary insurance company's address		telephone
city, state, zip		city, state, zip		
telephone		subscriber name		
marital status <input type="checkbox"/> single <input type="checkbox"/> married		<input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed		
		policyholder's ID number		group plan number / name

For more information, visit baptistjax.com/billing.
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