

Cómo entender su estado de cuenta de Baptist Health

Todas las facturas de Baptist Health, ya sea de un médico de atención primaria, un médico especialista de Baptist o una visita al hospital o una prueba, se verán como la siguiente declaración. Esto es lo que necesita saber.

Página 1: Resumen del estado de cuenta

Esta página proporciona los detalles importantes de su cuenta, incluido el monto facturado a su seguro y el monto del que es responsable usted, y también describe los diferentes métodos que puede usar para realizar los pagos.


Esta sección proporciona una descripción general de su factura y el número de nuestro equipo de Servicio al Cliente en caso de que tenga alguna pregunta.

Saldo que se ha facturado a su seguro por este estado de cuenta.

Fecha de pago

Saldo restante total del paciente.

Si paga a través por correo, separe la parte inferior de esta página e adjuntelo con su pago. Si paga con cheque, incluya el número de cuenta en el cheque. Si paga con tarjeta de crédito, complete toda la información requerida de la tarjeta de crédito aquí.



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


myBaptistChart

The easiest way to view your statements, make payments, schedule appointments, and more!




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.



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

Make check payable to Baptist Health.

Amount Enclosed	\$
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Card Type (Please Circle!)    

Cardholder Name		
Card #	Exp Date	Sec Code
Signature		

Acct. #: 5160

Addresssee
General Pbtst
123
JACKSONVILLE FL 32207

Mail Payment To
Baptist Health
Payment Processing Center
P.O. Box 736048
Dallas, TX 75373-6048

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

73604800000051600000359660 5

Esta sección incluye su número de cuenta, que es una serie específica de números que identifica esta factura (necesitará esto si paga con cheque o en línea sin una cuenta My Baptist Chart), el nombre de la persona responsable de la factura y la fecha del estado de cuenta, que es cuando se generó el estado de cuenta (nota: esta no es su fecha de pago).

Tres formas diferentes de pagar tu saldo:
1. En línea
2. Por correo
3. Por teléfono

Para obtener más información, visite baptistjax.com/billing.



Página 2: Resumen de la asistencia financiera (de pago)

Esta página describe la información de la asistencia financiera. Revise y comuníquese con el servicio al cliente según sea necesario al 904.202.2092.

4 métodos de asistencia

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.

Recordatorio de los diferentes métodos de pago

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.

Información de contacto para profesionales independientes

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

Cambio en la información personal

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

Check One: primary secondary

Cambio en el seguro de salud

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

Para obtener más información, visite baptistjax.com/billing.

