EHP-1500

Fairfield Heathcare Professionals

11511 Reed Hartman Hwy | Cincinnati, OH 45241

AMOUNT DUE
$116.50

Summary of Physician Charges

Statement Date:	04/02/2021
Guarantor Name:	TEST PATIENT
Guarantor Number:	123456789
Total Charges:	$180.00
Insurance Payments:	-$63.50
Patient Payments:	$0.00
Total Amount Due:	$116.50
Due Date:	UPON RECEIPT
Amount Due	**$116.50**

Manage Your Account

Pay Online At
www.fmchealth.org

Call Us At
866-826-9815
Office Hours: 8am - 4:30pm

Scan to Pay By Phone

Important Messages

Thank you for choosing Fairfield Healthcare Professionals for your healthcare needs. Your account is now due. If you need help paying your bill, financial help is available. Call us at 866-826-9815.
Gracias por elegir Fairfield Healthcare Professionals para su
Necesidades de salud. Su cuenta ahora está vencida. Si necesita ayuda para pagar su factura, la ayuda financiera es disponible. Llámenos al 866-826-9815.

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Patient Statement

ⓘ For help with billing questions,
please call 866-826-9815
Office Hours: 8am - 4:30pm

Guarantor Name:	TEST PATIENT
Guarantor Number:	123456789
Amount Due:	$116.50
Due Date:	UPON RECEIPT

Make a one-time payment today!
www.fmchealth.org

ADDRESSEE:
TEST PATIENT
123 EASY STREET
ORLANDO FL 32789-9509

MAKE CHECKS PAYABLE AND REMIT TO:
FAIRFIELD HEALTHCARE PROFESSIONALS
PO BOX 2012
MOUNT VERNON OH 43050-7212

01110029760000011650202104025

Date	Service Description	Status	Charges	Payments/ Adjustments	Patient Balance
	TEST PATIENT				
1/25/21	Account # 12345678 for	Current	$180.00	-$63.50	$116.50

Fairfield Medical Center (FMC) offers financial assistance that may cover all or part of the cost of eligible emergency treatment and non-emergency medically necessary services.

You can receive financial assistance based on your financial need, family income, family size and other resources. Individuals at 200% or less of the poverty guidelines can receive a 100% discount. Those at more than 200% but less than 300% of the poverty guidelines may receive a lower rate for the care given by the provider at a 62% discount. Other financial assistance may be available under special conditions. Patients who receive financial assistance cannot be charged more than amounts generally billed for emergency or other non-emergency medically necessary healthcare from FMC.

To Apply:

1. Online at: www.fmchealth.org.
2. Patients may go to:
   - FMC Main Campus: 401 N. Ewing St., Lancaster, Ohio 43130
   - River View Surgery Center: 2401 N. Columbus St., Lancaster, Ohio 43130
   - River Valley Campus: 2384 N. Memorial Dr., Lancaster, Ohio 43130
3. Patients may call and ask for an application; Customer Service 740-687-8025.

Para la Póliza de Asistencia Financiera de FMC, una Aplicación para Asistencia Financiera, y el Resumen en Pleno Lenguaje (en español) o en otros ciertos idiomas, llame al 740-687-8025.

Change of Address

Name (Last, First, Middle Initial)

Address

City State ZIP

Telephone

If Paying By Credit Card, Fill Out Below

CHECK CARD USING FOR PAYMENT ❑ VISA ❑ mastercard ❑ DISCOVER

CARD NUMBER EXP. DATE M M Y Y

SIGNATURE AMOUNT PAID

PRINT NAME

Primary Insurance Updates

Primary Insured Name

Primary Insurance Name Effective Date

Primary Insurance Street Address

City State ZIP Telephone

Employer Name Group Number

Subscriber ID # Policyholder's Date of Birth

Secondary Insurance Updates

Secondary Insured Name

Secondary Insurance Name Effective Date

Secondary Insurance Street Address

City State ZIP Telephone

Employer Name Group Number

Subscriber ID # Policyholder's Date of Birth