LCMC - SBO P.O. Box 733679 Dallas, TX 75373-3679

P 504.401.9287

Children's Hospital New Orleans East Hospital Touro University Medical Center West Jefferson Medical Center



Please submit payment of \$274.00 by **August 23, 2020** or call us at **504.401.9287** if you would like to make payment arrangements.

Total Charges	\$390.00		
Insurance Payments/Adjustments	0.00		
Patient Payments/Adjustments	\$-116.00		
Patient Responsibility	\$274.00		

Professional visits

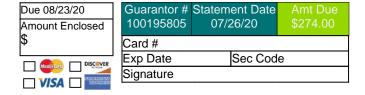
Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	
Acct# 120114969 - John Smith's visit with Jeremy L Waggenspack, MD at WJMC 5th Floor Main Hospital					
07/24/20	In111 pentetate	\$100.00			
	Your Responsibility				\$100.00

Hospital visits

Date	Description	Charges	Insurance	Patient	Patient
			Pmts/Adjs	Pmts/Adjs	Balance
Acct# 90004588 - John Smith's visit to West Jefferson Medical Center Ambulance Billing -					
10/02/18	Laboratory	\$290.00			
to	Patient Adjustments			-\$116.00	
10/03/18	Your Responsibility				\$174.00

Notice of Other Bills:

This bill may not reflect the total out-of-pocket expenses associated with care you received at an LCMC Health provider. In some instances, there may be separate charges for services of independent healthcare professionals that may be billed separately from your hospital care. Please visit: LCMChealth.org/paymybill for more information.



Payment options

Online at our Patient Portal



Pay your bill easily on our Patient Portal

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

LCMChealth.org/patientportal

Activation code: WT7BW-SXG8V-6Z225

Not interested in signing up?

Visit LCMChealth.org/paymybill to pay as a guest

Guarantor ID: 100195805
Guarantor Name: John Smith



By Mail

Complete the form on the front page and return in the enclosed envelope.

By Phone



Call 504.401.9287 to pay by credit or debit card. 8 am to 5 pm Monday through Friday (Excluding Holidays) or email us at LCMC-CustomerService@LCMChealth.org with any questions on your bill or to make payment arrangements.

Financial Assistance:

If you do not have insurance, are underinsured, or if it would be a financial hardship to pay all out-of-pocket expenses for services provided by LCMC Health hospitals and providers, you may qualify for financial assistance. Our Financial Assistance Program provides free or discounted care to patients having difficulty paying their medical bills if eligibility is met.

Contact our Financial Counselors at **504.702.3500** or go to **LCMChealth.org/paymybill** for more details.

Provider Based Billing:

Some clinics at LCMC Health locations are designated as provider based clinics by the Centers for Medicare and Medicaid Services (CMS). Under this designation, these clinics are considered departments of the hospital, therefore charges for services provided in these locations will be separated into two components:

Technical Services: related to nursing care, support and ancillary staff, routine supplies, equipment, and building expenses.

Professional Services: related to your physician's or provider's clinical evaluation, medical decision-making, diagnosis, treatment options and plans.

Other health care professionals who provided services to you while you were in the hospital (such as doctors, surgeons, pathologists, anesthesiologists and radiologists) may bill you separately. Please contact their offices directly with any questions.

LCMC Health is committed to meeting the needs of the diverse population that we serve. We do not discriminate on the basis of race, creed, color, national origin, religion, age, sex, sexual orientation, disability or handicap in any of our activities or operations. For persons with disabilities, we provide qualified sign language interpreters and written information, written in alternative formats, in a timely manner free of charge. If you prefer to communicate with us in a language other than English, we will provide qualified interpreters and translation services in a timely manner free of charge. If you need these services, please contact us at:

LCMC-CustomerService@LCMChealth.org or phone 504.702.4862

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights (OCR):

- 1. Electronically through the OCR Complaint Portal:ocrportal.hhs.gov/ocr/portal/lobby.jsf
- 2. By mail 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201
- 3. By telephone: 800.368.1019 TDD: 800.537.7697 (TDD)