

**Billing Summary**

DATE OF SERVICE	SERVICE PROVIDED	CHARGE
02/25/20	0730 EKG-ECG - GENERAL	\$173.00
03/23/20	A0073 ANTHEM ADJ	\$71.45
03/23/20	I0006 ANTHEM BC/BS PYMT	\$0.00
<b>INSURANCE PAYMENTS &amp; ADJUSTMENTS &gt;&gt;</b>		
TOTAL BALANCE DUE		\$101.55

Account Number  
**123456789**

Patient Name  
**Jane K. Doe**

Date of Service  
02/25/20

**Assistance with your account**

Holzer Account Representatives look forward to the opportunity to assist you.

Please contact a Holzer Account Representative at (740)446-5252 or toll free (855)446-5252. Monday thru Friday 8 AM to 4:30 PM.

*Friendly Visits, Excellent Care, Every Patient, Every Time*

**CONTACT US**

**20%** Your balance with the 20% discount is: **\$81.24**

**Important Message**

Thank you for your prompt payment.

**Financial Assistance information on reverse side**

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

121300-HZM-STMT-ST-DIS-495

E601



Holzer  
100 Jackson Pike  
Gallipolis, OH 45631-1563  
ADDRESS SERVICE REQUESTED

Patient Name: jane K. Doe    Account Number: 123456789    Due Date: 04/18/2020

Patient Balance Due: \$101.55    Patient Balance w/20% Discount If Paid By 04/18/2020: \$81.24

**AMOUNT YOU OWE**

PLEASE CHECK BOX IF ADDRESS IS INCORRECT OR INSURANCE INFORMATION HAS CHANGED, AND INDICATE CHANGE(S) ON REVERSE SIDE

CHECK APPROPRIATE BOX OF CARD USED FOR PAYMENT

MasterCard     MC     DISCOVER     DISCOVER     VISA     VISA

CARD NUMBER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_



**Jane K. Doe**  
011 Lilac Lane  
Gallipolis, OH 45631

1139177845  
HOLZER  
PO BOX 280  
GALLIPOLIS, OH 45631-0280



**FINANCIAL ASSISTANCE**



Holzer  
100 Jackson Pike  
Gallipolis, OH 45631-1563

Thank you for choosing Holzer, Holzer Clinic, and Holzer Medical Center Jackson. Holzer Health System (HHS) is dedicated to provide, where applicable, financial assistance for emergent and/or medically necessary care to patients who request and/or require assistance to determine if they qualify for financial assistance.

To view Holzer's Financial Assistance Policy and Financial Assistance Application visit our website at [www.holzer.org](http://www.holzer.org) under the Pay My Bill and Holzer Financial Advocacy Department. You may also contact the Financial Assistance Department at (740)441-8029 for more information.

**2020 POVERTY GUIDELINES FOR THE  
48 CONTIGUOUS STATES AND THE  
DISTRICT OF COLUMBIA**

Number in Family	Income
1	\$12,760.00
2	\$17,240.00
3	\$21,720.00
4	\$26,200.00
5	\$30,680.00
6	\$35,160.00
7	\$39,640.00
8	\$44,120.00

For families/households with more than 8 persons, add \$4,480 for each additional person

If there has been a change in your address, phone number or insurance carrier, please complete the following:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

New/Additional Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_