

How to Read Your Billing Statement

The following examples will help guide you with understanding how to read billing statements from Golden Valley Memorial Healthcare. Please see the key at the bottom of each example. You may receive multiple statements after receiving care, including statements for Laboratory or x-ray services. For more information, please call 660.890.7125.

1 **Contact our office for possible Paid-In-Full Discounts**

2 Statement # Page 1 of 1

3 **MESSAGE!:** You must set up a pay plan if you do not pay in full. Financial assistance is available if you qualify. Call for details.

4 **BILLING QUESTIONS**
(660) 890-7125

ACCOUNT NUMBER	STATEMENT DATE
	09/30/2022
PAYMENT DUE DATE	10/30/2022
PATIENT RESPONSIBILITY	\$10.00

5 Name: _____ Account Number: _____ Service Date: 09/07/22

Insurance Activity	Amount	Your Activity	Amount
Previous Insurance Balance	0.00	Previous Balance	0.00
Billed To Insurance	224.42	New Charges	0.00
Paid By Insurance	-212.75	Payments	0.00
Insurance Adjustments	-1.67	Adjustments	0.00
Transferred To You	-10.00	Transferred From Insurance	10.00
Insurance Refunds	0.00	Refunds	0.00
Total Due From Insurance	0.00	Total Due	10.00

6 Service Date: 09/07/22

7 **8** **9**

4 _____, thank you for choosing GVMH. Your insurance payment has been received. The balance is now due. By paying your balance timely you help GVMH provide healthcare to friends and neighbors in your community.

Date	Description	Quantity	Amount
09/07/22	OFFICE/OUTPATIENT VISIT EST Ketterman, Jamie L., NP-C, CDE	1	224.42
09/27/22	ADJ MC HUMANA		2.67
09/27/22	AMA HUM Sequestration		-4.34
09/27/22	PMT Humana Medicare		-212.75
	Major Medical Adjustment		-2.67
	Co-payment Amount		10.00

Name: _____ Service Date: 09/07/22

Sequestration - reduction in federal 4.34

Please see reverse side of statement for important billing questions. →

MAKE CHECKS PAYABLE TO:



1600 N. 2nd Street
Clinton, MO 64735

Billing Questions Call:
(660) 890-7125

ADDRESSEE:

ADDRESS SERVICE REQUESTED 0 0



13
1819509

— Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

Pay your bill online at www.gvmh.org

We accept the following



See reverse side to make a payment by credit card or check.

PATIENT NAME	PATIENT RESPONSIBILITY
	\$10.00
ACCOUNT #	STATEMENT #
PAYMENT DUE BY	
10/30/2022	

REMIT TO:

GOLDEN VALLEY MEMORIAL HEALTHCARE
1600 N 2ND ST
CLINTON MO 64735-1297



SN00048440150000001000

BILLING STATEMENT KEY

- 1** Important notice
- 2** Statement Number
- 3** Summary of insurance payments and adjustments
- 4** Important notice
- 5** Itemization of services and financial activity
- 6** Date of service
- 7** Summary of your payments and adjustments
- 8** Transferred from insurance means the amount your insurance determined was your responsibility
- 9** Your first statement for service includes this itemization. Following statements for that service only contain a balance due.
- 10** Amount due

DEFINITIONS

ADJ	Adjustment to the balance
PMT	Payment toward the balance
Co-payment	Fixed amount determined by your insurance that is due from you for your service
Deductible	Amount determined by your insurance that is due from you before insurance pays the negotiated amount
Co-insurance	The percentage of the negotiated insurance payment that is due from you as determined by your insurance policy



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1600 N. Second Street | Clinton