

Electronic Service Requested

SMITA PATIL
8181 FANNIN ST APT 1818
HOUSTON TX 77054-2984

Pay by check, money order or credit card.

Patient Name Smita Patil **Account Number** 0414980222186 **Amount Due** 12/30/2022

Card Number **Exp. Date** **\$3,177.37**

Signature **Amount Enclosed**



Please include your patient account number on your check and make payable to Memorial Hermann

MEMORIAL HERMANN
PATIENT BUSINESS SERVICES
P.O. BOX 4370
HOUSTON, TX 77210-4370



0414980222186BSW00003177378

Pay Online
mhhs.org/paymybill



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Keep lower portion for your records – Please return upper portion with your payment

Payment Options

Payment Plan

\$132.39

x 24 months

OR

Pay In Full

\$3,177.37

Due 12/30/2022

View All Options: mhhs.org/paymybill

Important Message

Your account continues to show an outstanding balance. The balance must be paid in full to prevent further collection action.

Memorial Hermann Southwest Hospital

Accounts Summary

Account Number: 0414980222186

Statement Date	12/09/2022
Service Date	10/04/2022
Service Type	INPATIENT
Billed Charges	\$27,983.00
Insurance Pmts & Adjs	\$24,805.63
Patient Payments	\$0.00
Total Account Balance	\$3,177.37
Amount You Owe	\$3,177.37
Payment Due Date	12/30/2022

Please see reverse for summary detail.

Pay Online



Pay your bill online. Easily and securely.
Available 24 hours/day, 7 days/week at

mhhs.org/paymybill



Scan this QR code with your smartphone for quick access

Customer Service



713-338-5502 or 1-800-526-2121

Para ayuda en español, Llame 713-338-5502

Monday thru Thursday: 8am to 6pm
Friday: 8am to 5pm
Saturday: Closed

You may also email your inquiry to
patient.billing@memorialhermann.org

Change of Address or Health Insurance Information

PATIENT NAME	INSURANCE NAME	
NEW ADDRESS	POLICY #	GROUP #
	INSURANCE ADDRESS	
HOME PHONE #	INSURANCE PHONE #	
CELL PHONE #	INSURED'S NAME	INSURED'S DOB
EMAIL	INSURED'S EMPLOYER	PATIENT'S RELATION TO INSURED



909 Frostwood Dr. STE 3:100 Houston, TX 77024

Total Charges **\$27,983.00**

Covid19	\$147.50
Room Chrg - Private Adult	\$6,184.00
Misoprostol 100 Mcg Tab	\$2.00
Cbc & Diff Automated	\$755.25
Blood Type Abo	\$168.25
Hiv-1 Ag W/Hiv-1 & 2 Ab 4 Gen	\$125.25
Antibody Screen Rbc Ea	\$195.25
Terbutaline 1mg/MI VI	\$15.50
Lactated Ringers 1000ml Iv	\$350.00
Blood Type Rh Factor	\$147.50
Fta - Treponema Antibodies	\$75.00
(Stat) Hepatitis B Surface Ag	\$183.25
Fent 2mcg/MI-Rop 0.2% 200ml Cd	\$442.75
Oxytocin-Ns 10u Prm (30u/500ml)	\$290.25
Ketorolac 15mg/MI VI	\$48.00
Sodium Bicarb 4.2% 5ml Inj	\$18.25
Labor Routine Per Hour	\$159.50
Labor Complex Per Hour	\$4,999.50
Delivery C-Section Routine 1st Hr	\$7,928.50
Suture Per Pack	\$200.25
Recovery Routine 1st Hour	\$1,510.00
Anes Svcs General 1st 30min	\$2,188.25
Anes Svcs General Add 15 Mins	\$1,076.50
Scopolamine 1.5mg/72hr Ptch	\$42.50
Apap 500mg Tab	\$5.00
Sodium Chloride 0.9% 250ml Iv	\$50.00
Azithromycin 500mg VI	\$28.50
Famotidine 20mg/2ml VI	\$12.00
Cefazolin 500mg VI (1gm)	\$17.00
Citric Acid-Sod Citr 30ml Soln	\$1.00
Fentanyl 100mcg/2ml VI	\$23.00
Ondansetron 1mg/0.5 MI VI(4mg)	\$3.00
Lidocaine-Epi2%-1:200k 10ml VI	\$84.00
Triamcinolone 10mg Inj(40mg/MI)	\$85.00
Phenylephrine 1mg/10ml Syr	\$29.25
Morphine Pf 2mg/2ml Iv Syn	\$39.50
Hematocrit	\$35.25
Senna 8.6mg Tab	\$2.25
Hemoglobin	\$21.75
Simethicone 80mg Tab	\$0.50

Memorial Hermann Financial Assistance

Memorial Hermann Health System recognizes there may be times when patients will have difficulty paying for the services provided. The Hospital provides a discount to qualified patients with limited income who have no insurance or who have used all of their health insurance benefits. Payment from all possible sources must be exhausted before a patient can qualify for financial assistance. We can help you apply for Medicaid, Medicare, and other programs; if you qualify.

To find out if you qualify for partial or fully discounted medical-ly-necessary hospital services, you must apply for financial assistance and provide supporting documentation. You may apply for a discount regardless of immigration status.

Financial assistance does NOT cover cosmetic procedures or services provided by physicians or other providers who bill separately from the Hospital for their services.

Where to Obtain an Application:

Request an application by calling 713.338.5502 or 1.800.526.2121

Download an application from the Memorial Hermann Health System website: mhhs.org/financialassistance

Determining Financial Assistance Eligibility:

Discounts depend on your income, family size and Federal Poverty Level. Memorial Hermann Health Systems reserves the right to review a credit report, property tax records and/or other documents to determine eligibility. Detailed information is included in the policy at mhhs.org/financialassistance. The financial Assistance Policy and Financial Assistance Application are available in English and Spanish by calling the number above or by accessing our website.

La Política de Ayuda Financiera y la Solicitud de Ayuda Financiera están disponibles en inglés y en español llamando al número anterior o accediendo a nuestro sitio Web.

Total Charges

\$27,983.00

Prenatal Vitami W/Fa 0.8mg Tab	\$0.50
Mag Hydroxide 2400mg/30ml Sus	\$1.50
Oxycodone 5mg Tab	\$2.00
Docusate Sodium 100mg/10ml Liq	\$1.50
Ibuprofen 600mg Tab	\$6.00
Influenza, Quad Vacc Syn	\$153.75
Admin Influenza Vaccine	\$127.75

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