

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** 0414980227500 **Amount Due** 01/07/2023

Card Number **Exp. Date** **\$479.00**

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



0414980227500BSW00000479007

Pay Online
mhhs.org/paymybill



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

Payment Options

Payment Plan
\$79.83
x 6 months

OR

Pay In Full
\$479.00
Due 01/07/2023

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: 0414980227500

Statement Date	12/17/2022
Service Date	10/08/2022
Service Type	EMERGENCY
Billed Charges	\$1,707.25
Insurance Pmts & Adjs	\$1,228.25
Patient Payments	\$0.00
Total Account Balance	\$479.00
Amount You Owe	\$479.00
Payment Due Date	01/07/2023

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 #

HOME PHONE #

INSURANCE ADDRESS

CELL PHONE #

INSURANCE PHONE #

EMAIL

INSURED'S NAME

INSURED'S DOB

INSURED'S EMPLOYER

PATIENT'S RELATION TO INSURED

**MEMORIAL
HERMANN**

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

Total Charges

\$1,707.25

Diphenhydramine 25mg Cap
Ec Level 3

\$0.25
\$1,707.00

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-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.