

Electronic Service Requested

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

Pay Online mhhs.org/paymybill







 Patient Name
 Account Number
 Amount Due 12/23/2022

 Rudvik Patil
 0492720587502
 12/23/2022

 Card Number
 Exp. Date
 \$2,571.00

Pay by check, money order or credit card.

Signature Amount Enclosed

VISA Mastercard Master

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

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0492720587502BSW00002571005

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



Memorial Hermann Southwest Hospital Accounts Summary

Account Number: 0492720587502		
Statement Date	12/02/2022	
Service Date	10/05/2022	
Service Type	INPATIENT	
Billed Charges	\$5,534.05	
Insurance Pmts & Adjs	\$2,963.05	
Patient Payments	\$0.00	
Total Account Balance	\$2,571.00	
Amount You Owe	\$2,571.00	
Payment Due Date	12/23/2022	

Please see reverse for summary detail.



Important Message

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

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



Total Charges	\$5,534.05
Rm Chrg-Nursery Newborn	\$3,228.00
Blood Type Rh Factor	\$147.50
Blood Type Abo	\$168.25
Coombs Direct	\$132.50
Erythromycin 0.5% 1gm Ophoin	\$16.75
Phytonadione* 1mg/0.5ml Amp	\$36.50
Hep B Vaccine*10mcg/0.5ml VI	\$207.50
Admin Hepatits B Vaccine	\$146.75
Bilirubin Direct	\$631.00
Bilirubin Total	\$677.00
Pulse Oximetry Single Determin	\$78.75
Newborn Screen Kit Paid S/O	\$63.55

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 medically-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 n¡mero anterior o accediendoa nuestro sitio Web.