


Hospital/Physician Statement

-  For help with billing questions, please call:
(847) 570-5000
Monday-Friday, 8:00am-5:30pm
- Check if address/insurance changes are on back

Addressee

DIPTARKA SAHA
13180E. ALGONQUIN RD APT 3T
SCHAUMBURG IL 60173



 Pay Online: northshore.mysecurebill.com
myEasyMatch Code: PYM-2HX-NVK

Account Number	Due Date	Amount Due	Amount Paid
2023923	12/11/2017	\$406.00	\$

Please make checks payable and remit to:

NORTHSHORE UNIVERSITY HEALTHSYSTEM
BILLING DEPARTMENT
23056 NETWORK PLACE
CHICAGO, IL 60673-1230


X0000002023923 12112017 000040600 9

myEasyMatch Code: PYM-2HX-NVK

Please detach and return top portion with payment.

Account Number	Responsible Party	Statement Date	Due Date
2023923	DIPTARKA SAHA	11/21/2017	12/11/2017

Date	Service Description	Status	Charges	Payments/ Adjustments	Patient Balance
HOSPITAL SERVICES					
11/21/2017	PATIENT: DIPTARKA SAHA <i>Loc: NorthShore University HealthSystem Facility</i> Date of Service 11/11/2017 Visit # 50123251 - DIPTARKA SAHA RADIOLOGY - DIAGNOSTIC - GENERAL CLASSI* INSURANCE PAYMENT - UNITED HEALTHCARE P*	Current	\$406.00	\$0.00	\$406.00
	Total Statement Balance: \$406.00 Minimum Amount Due: \$406.00				

 Pay Online: northshore.mysecurebill.com

Previous Balance\$0.00
New Hospital Charges\$406.00
New Professional Charges.....\$0.00

AMOUNT DUE: \$406.00

For help with financial assistance, see back.

MOBILE PAY



SCAN



To make a fast & secure one-time payment!

Change of Address

Name (Last, First, Middle Initial)

Address

City State ZIP

Telephone

If making address or insurance changes, please be sure to check the box on the front of the statement.

Primary Insurance Updates

Primary Insured Name

Primary Insurance Name Effective Date

Primary Insurance Street Address

City State ZIP Telephone

Employer Name Group Number

Subscriber ID # Policyholder's Date of Birth

If Paying By Credit Card, Fill Out Below

CHECK CARD USING FOR PAYMENT



CARD NUMBER

EXP. DATE

MM YY

SIGNATURE

AMOUNT PAID

PRINT NAME

CVV CODE

NorthshoreConnect Access Code: VSWB6-52GH4

Use this access code to enroll in NorthshoreConnect for eStatements and a wealth of other services. It's free and easy! Visit www.northshoreconnect.org to get started.

RESPONSIBILITY FOR PAYMENT

Even though you may have insurance, you are the responsible party for payment of this bill and will receive a statement each month your account has a patient balance due. NorthShore University HealthSystem will bill your insurance company if you have furnished us with the complete information. If insurance information has changed, or if you were unable to provide it at the time of service, please complete the area above and return to us.

In consideration of the time required by our physicians and staff to complete patient forms. All NorthShore Medical Group offices have a \$20.00 per-document Administrative Service Fee. This fee applies to all forms with the following exceptions: signature-only forms, specialty referral forms and forms completed in conjunction with an office visit. Should you have questions about this Administrative Service Fee, please contact your physician's office.

If you have any other questions concerning your bill, please call Customer Service at (847) 570-5000.

FINANCIAL ASSISTANCE

Be advised that NorthShore University HealthSystem has a Financial Assistance Policy (FAP) for the uninsured or underinsured. Eligibility for this program is determined by Total Family Income, insured status and amount due. Contact our Business Office at (847) 570-5000 for information regarding eligibility or the programs that may be available to you, to request a copy of the FAP, FAP application or plain language summary to be mailed to you, or if you need a copy of the FAP translated.

To obtain documents online visit: www.northshore.org/about-us/billing/financial-assistance.