24/7 ACCESS

BY PHONE at 866-914-2506

**AY ONLINE** 

OR BY MAIL Use payment coupon below

www.mymedpayment.com/nyack

#### SUMMARY OF SERVICES AT: Nyack Hospital

\*11\*

## Service Date: 07/16/2016 - 07/17/2016

Description	Amount	
PHARMACY	\$100.00	
LABORATORY	\$605.00	
RADIOLOGY - DIAGNOSTIC	\$625.00	
CT SCAN	\$3,879.00	
EMERGENCY ROOM	\$1,169.00	
EKG/ECG (ELECTROCARDIOGRAM)	\$794.00	
OTHER DIAGNOSTIC SERVICES	\$1,347.00	
Total Payment and Adjustments	(\$8,449.00)	
Total Balance Due	\$70.00	

## ACCOUNT SUMMARY

PATIENT NAME: Test Patient				
STATEMENT ID: 9999999 (this is the PAAN)				
ACCOUNT NUMBER: 8888888-0001				
BALANCE DUE: \$70.00				
ACCOUNT STATUS Statement Date - Dec 07 2016				

Your account has a balance of \$70.00. If you are unable to pay this amount in full, or have any questions, please contact Patient Financial Services.

If you have insurance coverage, please contact us immediately so that we can bill your carrier for you.

### **Current Payment Arrangements**

DUE UPON RECEIPT

## **IMPORTANT INFORMATION**

Federal guidelines prohibit us from disclosing any account information if you are not the patient or authorized representative. In order to discuss such information, the patient or authorized representative must provide consent.

### **CONTACT INFORMATION**

Patient Financial Services: **(Toll Free) 1- 866-914-2506** Hours: Mon. - Thurs. 8:00am - 9:00pm, Fri. 8:00am - 5:00 pm EST

To check your balance, make a payment, or request an itemized statement, 24 hour access is available through our automated system (**Toll Free**) **1-866-914-2506** OR <u>www.mymedpayment.com/nyack</u>

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT IN THE ENVELOPE PROVIDED

RETURN MAIL ONLY c/o Nyack Hospital PO Box 8770 Coral Springs, FL 33075

### PATIENT NAME: Test Patient

STATEMENT ID: 9999999

ACCOUNT NUMBER: 8888888-0001

**BALANCE DUE:** \$70.00

ENCLOSED: \$

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Test Responsible Party 999 Test Drive New Castle DE 19720

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Nyack Hospital Payment Processing Center PO Box 10065 Albany NY 12201-5065