



PO Box 669, Franklin, IN 46131-2140
Electronic Service Requested

Amount Due Upon Receipt

\$148.02

Important Messages

Your account is past due and immediate action is required. If you are unable to pay the full balance, please go online to view options and start your payment plan today. If you have already made your payment, please disregard this notice. Thank you.

jmh_pn ▲ 000439 B6
Elijah Michael Beasley
915 S Shore Ct
Franklin IN 46131-7152

Account Summary

Account Number
14249602

Statement Date	01/19/2025
Total Balance	\$148.02
Payment Plan Amount Due	\$0.00
Amount Due	\$148.02

DUE UPON RECEIPT

Payment Methods



Pay online: paymyjmhbill.com



Pay by Phone: **(317) 930-2521**



Scan this QR code for quick access with a smartphone



Pay Online Today
paymyjmhbill.com

Customer Service

If you have questions about your bill or need an Itemized Statement, please call (317) 738-7880 or email us at billquestion@johnsonmemorial.org.

Hours of Operation:

Monday-Friday 8:00am to 4:00pm

Please detach and return bottom portion with your payment.



**JOHNSON
MEMORIAL
HEALTH**

PO Box 669, Franklin, IN 46131-2140

Account Number
14249602

Guarantor Name
ELIJAH MICHAEL BEASLEY

Due Date
Upon receipt

Minimum Amount Due: \$148.02

Amount Enclosed

Pay Online
paymyjmhbill.com

If paying by check please make check payable to Johnson Memorial Health and include your account # on your check

☐ Check here for change of address or insurance (see reverse)

Johnson Memorial Health Physicians Network
Po Box 669
Franklin IN 46131



Patient Rights: You have the right to a complete itemization of services rendered. You have the right to a full explanation as to the amount you are expected to pay. If you have any questions regarding the amount you are requested to pay, call 317-738-7880 between the hours of 8:00am – 4:00pm, Monday – Friday. (No holiday hours)

Payment Policy: Full payment is due upon receipt of this statement. In order to prevent the collection process from commencing, payment arrangements must be made within the business office. Arrangements can be made online by visiting <https://paymyjmhbill.com> or contacting Customer Service at 317-738-7880.

Physician Billing Information: You will receive separate statements from physicians or other facilities involved with your care. For assistance with these additional statements, please feel free to contact the physician's office or facility directly.

Financial Assistance: Johnson Memorial is pleased to offer a Financial Assistance Plan. If you would like to apply for Financial Assistance, please call: 317-738-7880.

Customer Service

For questions, itemized bill, payment arrangements or Financial Assistance, please call 317-738-7880, Monday through Friday, 8:00am – 4:00pm.

Servicio al Cliente

Para preguntas, facturación detallada, arreglos de pago o asistencia financiera, por favor llame al 317-738-7880, de Lunes a Viernes, de 8:00am-4:00pm.

Visit johnsonmemorial.org/Financial Assistance to obtain a copy of our Financial Assistance application and to learn more about our billing and financial assistance policies.

Visite johnsonmemorial.org/asistencia financiera para obtener una copia de la aplicación de nuestra solicitud de asistencia financiera y para obtener más información sobre nuestra política de facturación y asistencia financiera.

Change of Address or Health Insurance Information

Change of Address

NAME (Last, First, Middle Initial)	ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE

Insurance Updates

INSURANCE TYPE: (CHECK ONE) ☐ PRIMARY ☐ SECONDARY

PRIMARY POLICY HOLDER NAME

INSURANCE COMPANY'S NAME

EFFECTIVE DATE:

INSURANCE COMPANY'S ADDRESS:

CITY

STATE

ZIP CODE

TELEPHONE

POLICY HOLDERS ID NUMBER

GROUP PLAN NUMBER

Pay Online Today

paymyjmhbill.com



030401000439

Account Number 14249602
Guarantor Name ELIJAH MICHAEL BEASLEY
Statement Date 01/19/2025

Accounts Not On Payment Plan

Description		Charges	Insurance Pmt/Adj	Patient Pmt/Adj	Patient Responsibility
Clinic Services		Status: Past Due			
Visit: PN200665305	Patient Name: Luke Oliver Beasley	Location: Franklin Pediatrics - Greenwood		Provider: Hall, Alma NP	
08/02/2024	87428 Covid/Flu A and B swab, qualitative or semiquantitative	\$20.00			
	OFFICE OUTPATIENT VISIT 20-29 MIN	\$143.00			
	Insurance Payments & Adjustments		-\$83.99		
	Account Subtotals	\$163.00	-\$83.99	\$0.00	\$79.01
Clinic Services		Status: Past Due - Immediate Action Required			
Visit: PN200702394	Patient Name: Luke Oliver Beasley	Location: Franklin Pediatrics - Greenwood		Provider: Hall, Alma NP	
10/30/2024	OFFICE OUTPATIENT VISIT 20-29 MIN	\$143.00			
	Insurance Payments & Adjustments		-\$73.99		
	Account Subtotals	\$143.00	-\$73.99	\$0.00	\$69.01
	Account (Not on a Plan) Totals		\$306.00	-\$157.98	\$0.00

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