



Henry Ford Health System
PO BOX 553920
DETROIT, MI 48255-3920

Statement Date 11/14/17
Patient Name Trager, Malka B
Guarantor ID 1001741724

HEN100 800515 449702213

Esther Trager
6665 EDINBOROUGH
WEST BLOOMFIELD, MI 48322-3866



Insurance Information

Primary Insurance ID Number	AETNA US HEALTHCARE W223825110
Secondary Insurance ID Number	

Contact Us



Online: MyChart at www.henryford.com

- Pay your bill online
- Message a customer service representative

Customer Service: 1-800-999-5829
24 Hour Self Service



- Get Your Balance
- Pay Your Bill



Representatives available:

- Monday - Thursday 7:00am - 6:00pm
- Friday 7:00am - 5:00pm

Patient Billing Statement

Balance Carried Forward	\$0.00
New Services	\$855.00
Insurance Payments/Adjustments	-\$825.89
Patient Payments	\$0.00
Patient Adjustments	\$0.00
Total Amount You Owe	\$29.11
Payments Not Applied	\$0.00

Important Message

THANK YOU FOR CHOOSING HENRY FORD HEALTH SYSTEM FOR YOUR HEALTH CARE.

- At Henry Ford, we put "each patient first" and are committed to providing our patients with quality health care and the best Henry Ford experience.
- Please pay the Amount Due by the Due Date below.
- Payments are applied to the oldest account balance.

REMINDER: Please remember to update your online banking account information with your new 10 digit Guarantor ID.

PLEASE SEE REVERSE FOR BALANCE DETAILS →

Patient	Guarantor ID	Due Date	Amount Due	Amount Paid
Trager, Malka B	1001741724	12/04/17	\$29.11	

* Make checks payable to: **Henry Ford Health System**

* Please include your Guarantor ID on the check

* Enclose this payment stub with your payment



Account No. _____

Card Holder Name _____

Expiration Date _____ Date Signed _____

Signature X _____

HENRY FORD HEALTH SYSTEM
PO BOX 553920
DETROIT, MI 48255-3920



0055392000000000000100174172400000029112

Patient Billing Detail

Page
Statement Date
Guarantor ID

2 of 2
11/14/17
1001741724

Transaction Date	Description	Charges/Previous Balance	Insurance Pmts/Adj	Patient Pmts/Adj	Patient Responsibility
Physician Services - 10/10/2017 to 10/12/2017 - HENRY FORD WEST BLOOMFIELD HOSPITAL - 502447307					
10/10/17	99222-INITIAL HOSPITAL CARE,LEVL II	\$450.00			
10/11/17	99462-SUBSEQUENT HOSPITAL CARE, NORMAL NEWBORN	\$125.00			
10/12/17	99238-HOSPITAL DISCHARGE DAY,<30 MIN	\$280.00			
11/14/17	INSURANCE ADJUSTMENT-AETNA US		-\$563.92		
11/14/17	INSURANCE PAYMENT-AETNA US		-\$261.97		
	Account amount you owe				\$29.11

Total Amount You Owe

\$29.11

We are committed to providing information to patients who may need financial help to pay their medical bills. For more information or to obtain a free copy of our Patient Financial Assistance Program Policy or Application, please call the telephone number or visit the website listed below.

نحن ملتزمون بتقديم المعلومات للمرضى الذين قد يحتاجون لمساعدة مالية لسداد الفواتير الخاصة بهم. ولمزيد من المعلومات حول سياسة برنامج تقديم المساعدات المالية للمرضى أو الطلب، أو للحصول على نسخة مجانية منهما، يرجى الاتصال بالرقم الهاتفي أو زيارة الموقع الإلكتروني المدرج أدناه.

Nuestro compromiso es proporcionarles información a los pacientes que podrían necesitar ayuda financiera para pagar sus facturas médicas. Para obtener más información o para obtener una copia de la solicitud o de la política de nuestro Programa de Ayuda Financiera al Paciente, llame al número de teléfono o visite el sitio web que se indican a continuación.

Telephone: 1-800-999-5829 Website: www.henryford.com/FinancialAssistance

Patient 502447307 - Trager, Malka B

Guarantor ID 1001741724

New Address	City	State	Zip	New Phone #
Name Of Insurance	Date of Accident	Date of Birth		
Policy Holder (as it appears on Insurance card)	Policy Number#	Group# / Recipient#	Relationship to Patient	Coverage Effective Date
Group Name or Policy Holders Employer	Insurance Company Address			
Insurance Company Phone Number				