

MAKE CHECKS PAYABLE TO:



313 S. Lakewood Drive, Brandon, FL 33511

Billing Questions: 813.653.6100
www.suncoast-chc.org

ADDRESSEE:

JOHN DOE
 456 PARKER ST
 ANYTOWN, USA 12345-0621

Save time. Pay online!
Pay your bill online at www.suncoast-chc.org
 Enter your online bill pay code: **BPC0D3**

See reverse side to make a payment by credit card or check.

PAYMENT DUE DATE

12/01/2022

PATIENT RESPONSIBILITY

\$197.88

ACCOUNT NUMBER

555924

STATEMENT DATE

11/15/2022

REMIT TO:

SUNCOAST COMMUNITY HEALTH CENTERS
313 S LAKEWOOD DR
BRANDON FL 33511-2815



☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

Please detach and return top portion with payment

DATE	DESCRIPTION	CHARGES	PAYMENTS & ADJUSTMENTS	PATIENT RESPONSIBILITY
10/17/22	John Doe (555924) / Casey M Arnold MD Office visit	165.00		
10/17/22	Blood count	49.00		
10/17/22	Basic metabolic panel	59.00		
10/21/22	Insurance adjustment		- 25.22	
10/21/22	Insurance payment		- 82.16	
10/21/22	Patient payment		- 30.00	
	BALANCE			135.62
10/22/22	John Doe (555924) / Casey M Arnold MD Office visit	108.00		
10/25/22	Insurance adjustment		- 34.94	
10/25/22	Insurance payment		- 10.80	
	BALANCE			62.26

MESSAGE:

Did you fill out a Sliding Fee application? You may qualify for a discount. Payment plans are also available!

Make Checks Payable To:

Suncoast Community Health Centers

Billing Questions

813.653.6100

Scan here to be directed to our new Online Payment site.



ACCOUNT NUMBER STATEMENT DATE

555924

11/15/2022

PAYMENT DUE DATE

12/01/2022





PATIENT RESPONSIBILITY

\$197.88

Please see reverse side of statement for important billing questions. →

PLEASE UPDATE ANY INFORMATION THAT HAS CHANGED SINCE YOUR LAST STATEMENT

IF PAYING BY CREDIT CARD, FILL OUT BELOW

 <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	
CARD NUMBER	AUTHORIZATION CODE: _____ <small>(usually last 3 or 4 digits on back of card in signature line)</small>
SIGNATURE	EXP. DATE
<input type="checkbox"/> PAYING BY CHECK <div style="float: right;"> SHOW AMOUNT PAID HERE \$ </div>	

PRIMARY INSURANCE COMPANY NAME		
INSURANCE COMPANY'S ADDRESS		
CITY	STATE	ZIP
POLICY HOLDER NAME	HOLDER'S DOB	RELATIONSHIP TO INSURED
INSURED'S ID NUMBER	GROUP PLAN NUMBER	
SECONDARY INSURANCE COMPANY NAME		
INSURANCE COMPANY'S ADDRESS		
CITY	STATE	ZIP
INSURED'S ID NUMBER	GROUP PLAN NUMBER	

ADDRESS CORRECTION

COMPLETE THIS SECTION IF YOUR ADDRESS ON REVERSE SIDE IS INCORRECT

NAME
ADDRESS
CITY
STATE, ZIP

Sliding Fee Scale

You can find more information on the Sliding Fee Scale by visiting our website at **www.suncoast-chc.org**. Click on the Patient tab at the top and then selecting Patient Resources. The Sliding Fee Scale information is then under our Fees and Accepted Insurance information.

FINANCIAL POLICY

We are committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees or your responsibility as a patient.

How much do I really owe?

You are responsible for the amount listed in the box PATIENT RESPONSIBILITY. As every insurance plan is different, if you disagree with how your insurance paid on your account, please contact them prior to contacting our office.

What if I cannot pay in full?

Please call our patient account representatives at the number listed on the front of this statement.

Co-Pay:

A dollar amount contracted between you and your insurance carrier, due at time of service.

Co-Insurance:

A percentage of the insurance benefits that you are responsible for.

Deductible:

A yearly dollar amount that you are responsible for based on the type of coverage you have selected with your insurance company.

Adjustment:

A contractual agreement that has been made between our Doctors and your insurance company.

For your convenience, we offer the following payment options:

- ✓ Cash
- ✓ Personal Checks
- ✓ Credit Cards
- ✓ Money Order

Payment is due in full by the PAYMENT DUE DATE indicated on the front of this statement.