

Tips to understand your WMC bill.

1

Guarantor: This is the person in the family who is responsible for paying the bill.

2

The 8-digit Account Number: This is the number that we refer to as your *corporate number*. This number is assigned to the guarantor and is used by each person in the family connected to that specific guarantor or responsible party.

3

The 10-digit Account Number: Listed above the area of service, this number is connected to a specific patient on a specific day of service.

Example: If the same person of your family has to come to the hospital on two separate days, they will receive two bills. Each will have different 10-digit account numbers connected to each of those days of service. But they will have the same *corporate number* (8-digit account number) because the same person is responsible for paying the bill.

4

Admit Date: Refers to the day your were provided service, not that you were actually admitted to the hospital.

5

Location of Service: This code is referenced on the back of the bill. It refers to the specialty or department where your service took place. This can help you remember what the charge was for.

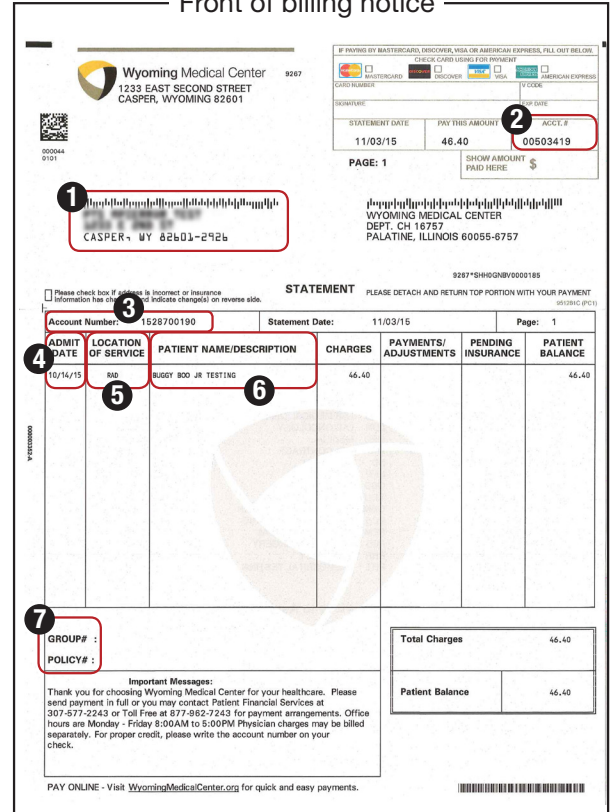
6

Patient Name/Description: This is the name of the patient and the description of the service that was performed on the "admit date."

7

Group# and Policy#: This is the insurance information provided to us by you or your family member.

Front of billing notice



Wyoming Medical Center
1233 EAST SECOND STREET
CASPER, WYOMING 82401

9267

IF PAID BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW

CARD NUMBER: CARDHOLDER: EXPIRATION DATE:

SIGNATURE: DATE:

STATEMENT DATE: 11/03/15 PAY THIS AMOUNT: 46.40 ACCT.#: 00503419

PAGE: 1 SHOW AMOUNT PAID HERE \$

1 000044 9701 CASPER, WY 82601-2926

2 000044 9701 CASPER, WY 82601-2926

3 1528700190

4 15/16/15

5 15/16/15

6 15/16/15

7 GROUP#: POLICY#:

STATEMENT PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT (MAY/DEC 2015)

ADMIT DATE	LOCATION OF SERVICE	PATIENT NAME/DESCRIPTION	CHARGES	PAYMENTS/ADJUSTMENTS	PENDING INSURANCE	PATIENT BALANCE
15/16/15	15/16/15	BUGGY 800 JR TESTING	46.40			46.40

Total Charges 46.40

Patient Balance 46.40

Important Messages: Thank you for choosing Wyoming Medical Center for your healthcare. Please send payment in full or you may contact Patient Financial Services at 307-577-2243 or Toll Free at 877-962-7243 for payment arrangements. Office hours are Monday - Friday 8:00AM to 5:00PM. Physician charges may be billed separately. For proper credit, please write the account number on your check.

PAY ONLINE - Visit WyomingMedicalCenter.org for quick and easy payments.

Back of billing notice

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE . . .

ABOUT YOU:

YOUR NAME (Last, First, Middle Initial):

ADDRESS:

CITY: STATE: ZIP:

TELEPHONE:

EMPLOYER'S NAME:

EMPLOYER'S ADDRESS:

CITY: STATE: ZIP:

ABOUT YOUR INSURANCE:

YOUR PRIMARY INSURANCE COMPANY'S NAME: EFFECTIVE DATE:

PRIMARY INSURANCE COMPANY'S ADDRESS: PHONE:

CITY: STATE: ZIP:

POLICYHOLDER'S ID NUMBER: GROUP PLAN NUMBER:

YOUR SECONDARY INSURANCE COMPANY'S NAME: EFFECTIVE DATE:

SECONDARY INSURANCE COMPANY'S ADDRESS: PHONE:

CITY: STATE: ZIP:

POLICYHOLDER'S ID NUMBER: GROUP PLAN NUMBER:

Location of Service

AMB AMBULANCE/ED	HBC HYPERBARIC CHAMBER	POT PRE OP TESTING
BAR BARIATRIC	HRT HEART PROBLEMS	PSY PSYCHIATRIC
BON ORTHOPEDICS	IVT IV THERAPY	PTH PATHOLOGY
CPL CARDIOPULMONARY LAB	LAB LABORATORY	PVS PERIPHERAL VASCULAR
CRE CARDIAC REHAB	LFT LIFEFLIGHT	PW PULMONARY WELLNESS
CSC CASPER BURG CENTER	LMO LAB MEDICAL OFFICE	RAD RADIOLOGY
DIA DIABETES EDUCATION	LCN LAB ONCOLOGY	SCO SCOPES
DON DONOR	MED MEDICAL	SLP SLEEP LAB
DSS DRAW STATION-SAGE	MRI MRI-CONTRACT	SPT SPEECH THERAPY
CLINIC	NB NEWBORN	SBA SUBACUTE OUTPATIENT
DTR DISASTER CODE	NEP NEPHROLOGY	SUB SUBACUTE UNIT
DTY DIETARY EDUCATION	OBG OB DELIVERED	SUR SURGICAL
EEG EEG LAB	OBU OB UNDELIVERED	THY THERAPY/WMC
ER EMERGENCY ROOM	OHM OCCUPATIONAL HEALTH	TRA TRANSFUSION
ERI EMERGENCY ROOM-IV	PCS PREHOSPITAL TESTING	UC URGENT CARE
THERAPY	PEM PEDIATRIC/MEDICAL	URO UROLOGY
ET ENTEROSTOMAL DEPT	PES PEDIATRIC/SURGERY	UWL UW FAMILY PRACTICE
SYN GYNCOLOGY	PHR PHARMACY	WHS WOMENS HEALTH SERVICE
	PHT PREHOSPITAL TESTING	

Programs and Services to Assist You with Your Bill

- We accept Visa, MasterCard, Discover, and American Express credit cards.
- Various financing options are available.
- Charity Programs are available.
- We will automatically bill your insurance whenever possible.
- Financial Counselors are available to assist you with Medicaid, SSI, SSDI, and other government applications.
- Visit us at: 167 S. Conwell, Suite #2, Casper, WY
- Payment Mailing Address: Dept CH 16757, Palatine, IL 60055

9267K

Wyoming Medical Center