

Meet Your New Atlantic Health System Statement

We're working to consolidate your hospital billing statements to make it easier to understand your health care services and charges. As we transition, please note you may continue to receive other Atlantic Health System statements in the old format. This guide highlights what's new.

Atlantic Health System
Statement Date: January 22, 2018
Guarantor Name: Ahmad Chargeest
Guarantor ID: 75888
Due Date: February 22, 2018

Thank you for choosing Atlantic Health System!

Monthly Billing Statement

Guarantor Summary

Total Charges	\$9,235.00
Insurance Payments/Adjustments	\$0.00
Patient Payments/Adjustments	\$-3,694.00
Outstanding Balance	\$5,541.00

Financial assistance may be available to you under Atlantic Health System's Financial Assistance Policy (FAP). You can obtain information about the FAP application process by calling 1-973-971-6964. Online at: www.atlantichealth.org/financialassistance

This statement is for hospital charges only. Please be aware that you may receive separate statements for services provided by your surgeon, radiologist, anesthesiologist, or other professional services.

Pay Your Bill Online
You previously declined the option to use MyChart. You may visit www.atlantichealth.org/mychart to create a MyChart account. This will allow you to pay your bill online as well as view your medical record through our patient portal.

If you have questions regarding your statement or want to update your insurance information, please contact us at (800) 619-4024
Monday to Thursday: 8:30 AM - 8:00 PM
Friday: 8:30 AM - 4:30 PM

Please make checks/money orders payable to: Atlantic Health System

Atlantic Health System
PO Box 35610
Newark, NJ 07193-5610

My insurance and/or mailing address has changed. My updated information is included on back of this coupon.

Ahmad Chargeest
594 ERIC LANE
MORRISTOWN, NJ 07960

AHS Self Pay
PO Box 21355
New York, New York 10087-1355

2138500075888000055*1003

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Amount Due: \$5,541.00
Due Date: \$5,541.00

Atlantic Health System
Guarantor Name: Ahmad Chargeest
Guarantor ID: 75888
Statement Date: 01/22/2018
Due Date: 02/22/2018
Outstanding Balance: \$5,541.00
Current Amount Due: \$5,541.00

Summary of Services

Accounts Not on a Payment Plan:

Visit to Morristown Medical Center
December 29, 2017
Acct #100000018349

Date	Description	Charges	Insurance Pmts/Adjts	Patient Pmts/Adjts	Patient Balance
December 29	TTE CONGEN ASN W/O CNTR CMPLT (Qty: 2)	2,516.00			
December 29	DOPPLER ECHO CMPLT (Qty: 2)	1,692.00			
December 29	DOPPLER COLOR FLOW (Qty: 2)	2,028.00			
December 30	SELF-PAY ALLOWANCE			2,495.20	
	Totals	6,236.00		2,495.20	\$3,742.80
	Your Responsibility				\$3,742.80

Visit to Morristown Medical Center
January 10, 2018
Acct #100000018422

Date	Description	Charges	Insurance Pmts/Adjts	Patient Pmts/Adjts	Patient Balance
January 10	TTE W/O CNTR W/ CURS/DPL CMPLT	2,997.00			
January 11	SELF-PAY ALLOWANCE			1,198.80	
	Totals	2,997.00		1,198.80	\$1,798.20
	Your Responsibility				\$1,798.20

A Guarantor ID: Single number that is used to link all of your visits together – including those of family members for whom you have a financial responsibility.

B Guarantor Summary: A combined listing of total charges, insurance payments and adjustments, and patient payments and adjustments. These totals may include charges from other Atlantic Health System hospital visits.

C View Online: View and pay your hospital statements from your computer.

D Billing Help: All of your payment options are listed here for easy reference. If you need help or have questions about your bill, call us.

E Need to update any information? Please let us know. Use the reverse side of the payment coupon to provide any changes to your address or insurance information.

F Summary of Services: This lists all of the charges for your guarantor record, organized by visit date. If you have services at other Atlantic Health System hospitals, they may also appear on this statement.

G Account Number: This is a unique identifier for one specific visit.

