

INTRODUCING YOUR Partners HealthCare Statement – A few changes for the better

A new statement format for services provided by Partners HealthCare

A Mail Correspondence

A separate address to send any correspondence (include your new account number).

B Services provided by

This statement includes the services provided by the Partners HealthCare hospitals and/or professional providers that are included in this list.

C Account Number

A new number provided by Partners HealthCare to track your balances and payment.

D Questions?

Information about patient bills and financial services can be found on our website. You can also call this new phone number to reach Patient Billing Solutions directly.

E Pay Your Bill

Options to pay online, by mail or use our new phone number at 617-726-3884. If you pay by mail, please make check payable to "Partners HealthCare" and include your account number.

F Account Summary

See the amount due, pay by date (due date) and your new account number.

G Monthly Statement of Account

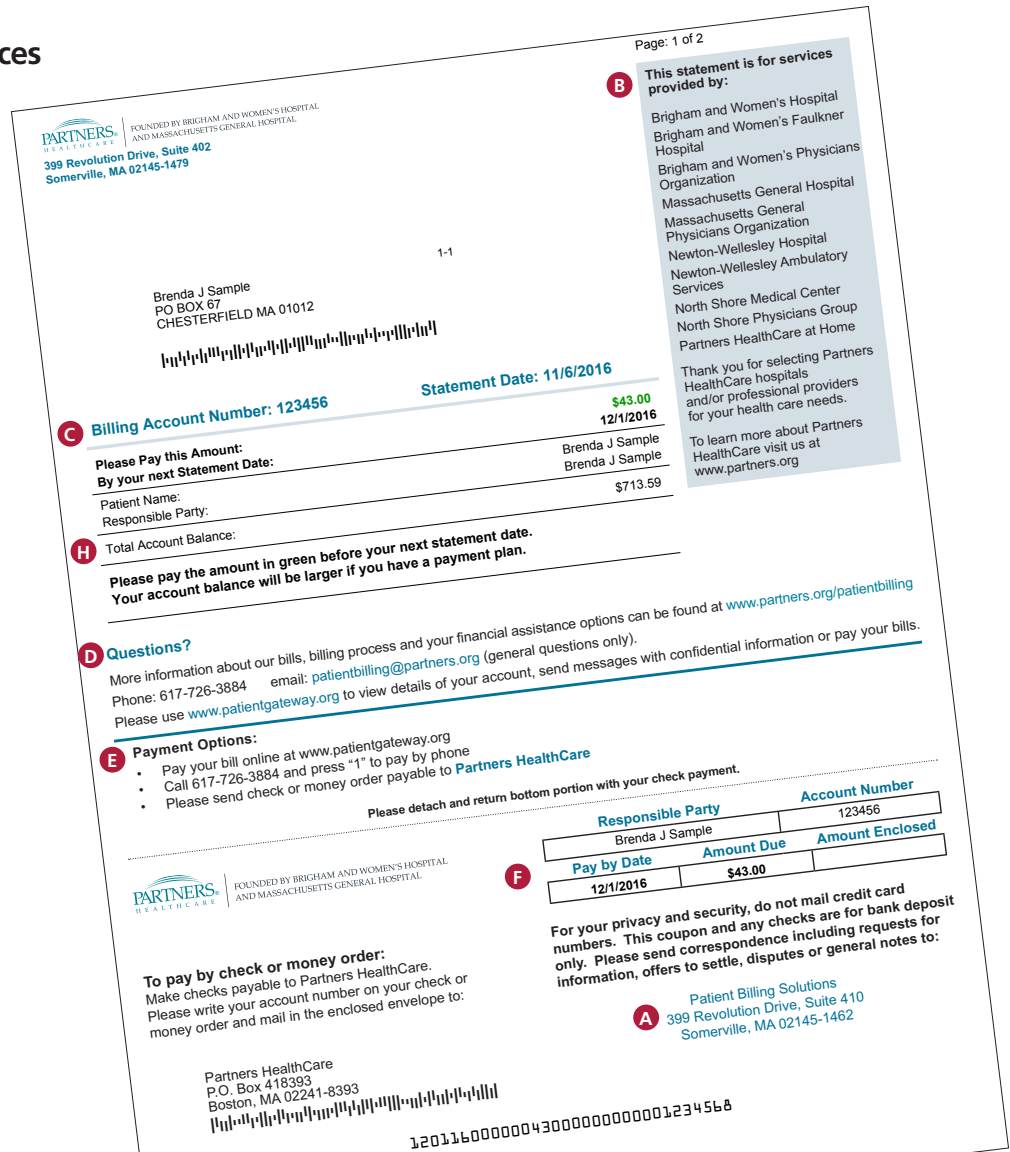
New detail on who you saw, when you saw them, how much you were charged and what payments were paid by you and your insurance company since your last statement.

H Total Account Balance

The amount you owe, now payable to Partners HealthCare.

I Visit Balance

The visit balance is your payment due for the services associated with each specific date and provider(s) listed.



1-3 Patient Name: Brenda J Sample
Billing Account Number: 123456
Total Account Balance: \$713.59
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G Monthly Statement of Account

Description	Charges	Payments/Adjustments
BWF Faulkner Hospital Main Campus Date of Service: 1/20/2016		I Visit Balance: \$18.99 Payment Plan
BWF Electrocardiography Clinic Electrocardiogram ECG Alberto Ramirez, MD	39.00	
2/10/16 CREDIT ADJUSTMENT - PHCS		3.33-
10/27/16 PATIENT PAYMENT - Thank You		16.68-