INS-NSU-450

# NorthShore
## University HealthSystem

# How to Read Your New Monthly Statements

**1** Contact Information - Telephone and hours of business office

**2** Notification - Important information notifying move to electronic statements

**3** Account Number - Number associated with the responsible party
(Please enter this number in the Account Number field when paying online)

**4** Due Date - Date the balance is due to Northshore

**5** Name and Address of Responsible Party

**6** Responsible Party - Name of the responsible party the statement is referencing

**7** Statement Detail -
Date - Date of each transaction
Description - Charge and payment detail
Charges - Amount of each transaction
Payments/Adjustments - Amount of insurance or patient payment and adjustments
Patient Balance - Patient amount due for each encounter

**8** Pay This Amount - Payment amount due on this statement

**9** Message Box - Important payment messages will appear here

**10** Northshore Information Box - News and upcoming events to note

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## NorthShore
### University HealthSystem

**Patient Financial Services**
P.O. Box 1006 | Skokie, Il 60076-9877

**Hospital/Physician Statement**

ⓘ For help with billing questions, please call:
(847) 570-5000
Monday-Friday, 8:00am-5:30pm
☐ Check if address/insurance changes are on back

**Addressee**                                    Page 1 of 1

JANE DOE
1234 N FARM ROAD 12
GROVE MO 65604-8214

### eSTATEMENT NOTIFICATION

Effective September 1, 2021, all NorthShoreConnect users have been switched to electronic statements moving forward. Register for a NorthShoreConnect account today – your secure, online health connection. To register visit northshoreconnect.org.

| Account Number | Due Date | Amount Due | Amount Pa |
|---|---|---|---|
| 1234567 | 11/15/2021 | $173.81 | $ |

**Please make checks payable and remit to:**

**NORTHSHORE UNIVERSITY HEALTHSYSTEM**
BILLING DEPARTMENT
23056 NETWORK PLACE
CHICAGO, IL 60673-1230

Please detach and return portion with payment.

| Account Number | Responsible Party | Statement Date | Due Date |
|---|---|---|---|
| 1234567 | JANE DOE | 10/26/2021 | 11/15/2021 |

| Date | Service Description | Status | Charges | Payments/Adjustments | Patient Balance |
|---|---|---|---|---|---|
| | PROFESSIONAL SERVICES | | | | |
| | PATIENT: DEB DOE | | | | |
| | Date of Service 10/8/2021 | | | | |
| | **Visit # 12345678 - NORTHSHORE MEDICAL GROUP - DEB DOE** | | | | |
| | Sharon Doctor, MD - Pediatrics | | | | |
| 10/08/2021 | OFFICE/OUTPT VISIT,EST,LEVL III (20-29 * | | $177.00 | | |
| 10/15/2021 | INSURANCE ADJUSTMENT - BLUE CROSS OUT O* | | | -$3.19 | |
| 10/26/2021 | INSURANCE PAYMENT - AETNA ALL OTHER | | | $0.00 | |
| 10/15/2021 | INSURANCE PAYMENT - BLUE CROSS OUT OF S* | | | $0.00 | |
| | **Patient Balance** | Current | | | $173.81 |
| | Total Statement Balance: $173.81 | | | | |
| | Minimum Amount Due:   $173.81 | | | | |

**MOBILE QUICK PAY** ))

**Make an instant payment with your smartphone.**

Use the camera on your smartphone

### Renew Prescriptions

Send a refill request for any of your refillable medications, in NorthShoreConnect.

**AMOUNT DUE:**   **$173.81**

For help with financial assistance, see back.