



IS NOW PART OF



AMOUNT DUE

\$0.00

Hi **JOHN!** This is your current UH Lake Health hospital bill.

Thank you for choosing UH Lake Health Hospital! We have billed your insurance and the remaining balance is your responsibility. Please find enclosed your bill for all of your open accounts. Listed below are the payment options that are offered.

	Patient Name JOHN DOE	Statement Date: 09/06/2023 Statement Number: 12345678	Due Date: Upon Receipt
--	---------------------------------	--	-------------------------------

YOUR NEXT STEP

Make payment in full with options below.

Make a Payment in Full Using Your Smart Phone!

www.lakehealth.org/online-billpay

24/7 Payment Line

216-358-2727 or 833-825-5253

Financial Assistance

Please see back of statement.

Questions or to pay by phone, call:
216-358-2727 or 833-825-5253 Monday - Friday 8:00am - 5:30pm.

detailed summary on next page

Check if address/insurance changes are on back.



If Paying By Credit Card, Fill Out Below

CARD NUMBER	AMOUNT
SIGNATURE	EXP. DATE CVV

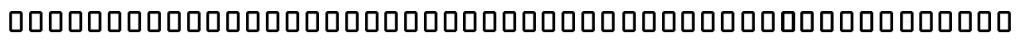
STATEMENT #	DUE DATE	AMOUNT DUE
12345678	Upon Receipt	\$0.00

Pay Online: www.lakehealth.org/online-billpay

MAKE CHECKS PAYABLE AND REMIT TO:

JOHN DOE
123 MAIN AVE
CLEVELAND OH 44140

LAKE HEALTH
PO BOX 771781
DETROIT MI 48277-1781





IS NOW PART OF



Total Charges:	\$2,147.00
Total Payments/Adj:	-\$2,016.45
Total Amount Due:	0.00
Primary Insurance:	ANTHEM
Secondary Insurance:	

www.lakehealth.org/online-billpay | (216)-358-2727 or 833-825-5253

YOUR TRANSACTION SUMMARY

Date	Description	Charges	Payments/ Adjustments	Balance
HOSPITAL CHARGES				
8/18/2023	Patient Name: Guarantor Number: 123456 Provider: ANCILLARY Location: Lake Health OP ANCILLARY Total Insurance Adjustments Total Insurance Payments Patient payments PATIENT BALANCE:	 \$1,545.00 	 -\$1,446.89 -\$48.11 \$0.00 	 \$0.00
HOSPITAL CHARGES				
8/23/2023	Patient Name: JOHN DOE Guarantor Number: 123456 Provider: ANCILLARY Location: Lake Health OP ANCILLARY Total Insurance Adjustments Total Insurance Payments Patient payments PATIENT BALANCE:	 \$602.00 	 -\$521.45 \$0.00 \$0.00 	 \$0.00

Sign-up for Paperless Billing

A fast, secure way to view and pay your bill online!

www.lakehealth.org/online-billpay

