

## *About Our Services*

Patient Financial Services is made up of several departments: Admitting and Registration as well as the Patient Business Office, which is responsible for all billing and collections.

We have opened a patient account in your name where we will record all financial transactions related to your care. If you have given us insurance information, we will submit a claim on your behalf and will keep you informed of the outcome. Note that most doctors are independent practitioners and are not hospital employees or agents. They will bill you and/or your insurance company separately.

If you have questions or concerns, please call the Customer Service phone number on your billing statement. For your convenience, it is also listed on the back of this brochure.

## *Financial Assistance Policy*

Adventist Health provides charity discounts to eligible low-income patients. If you can't pay part of your bill, please contact our Customer Service Department. We will review your financial situation to determine if you are eligible for financial assistance.

## *How To Reach Us*

If you have a question about your bill, please contact our Customer Service Department.

Phone: 530 876-7910

Fax: 530 876-7952

**Adventist Health**  
***Feather River Hospital***

---

5974 Pentz Road  
Paradise, CA 95969  
[www.frhosp.org](http://www.frhosp.org)

## *Your Patient Account*



We know you're here to get better.

Patient Financial Services is here to make the billing process as painless as possible.

## Understanding Your Statement

To help you read your bill, a sample statement is pictured at the right.

Please pay close attention to the "Important Message" box. Our Patient Business Office may use it to provide information or ask you to:

- Contact your insurance company
- Apply for financial assistance
- Contact our billing office
- Make a payment

If you have health insurance, we will bill your health plan and send you a statement. You should only pay your deductible and co-insurance at this time. Once your insurance company has processed your claim, we will send you another statement. You must then pay any unpaid balance.

If you do not have insurance, the first statement you receive is your bill.

Full payment is due when you receive a bill requesting payment. If you need to make other financial arrangements, please call our Customer Service Department.

## Paying Your Bill

Our financial counselors can help you figure out your insurance coverage, apply for government aid or make payment arrangements.

We also are happy to provide you with an itemized billing statement. Translation services are available upon request.

We accept VISA, MasterCard, Discover and American Express. We also can arrange short-term payment plans as needed.

This IMPORTANT MESSAGE will tell you if your statement is for information only or if payment is due.

**Adventist Health**  
 ANY ADVENTIST HOSPITAL  
 PO BOX 9900  
 ANY TOWN, CA 99999-9900

For Customer Service Please Call: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

LAST NAME, HER NAME  
 1234 ANY STREET  
 ANY TOWN, CA 99999

**STATEMENT IMPORTANT MESSAGES**  
 WE BILLED YOUR INSURANCE AND WILL KEEP YOU INFORMED OF THEIR RESPONSE. AT THIS TIME, PLEASE PAY YOUR CO-PAY AND DEDUCTIBLE, IF NOT ALREADY MET OR PAID.

STATEMENT DATE:	ACCOUNT BALANCE:
03/09/04	358.69
ACCOUNT NO.:	
123456-1	

PATIENT NAME:	TYPE OF SERVICE:	AMOUNT
LAST NAME, HER NAME	DAY SURGERY/SURGICAL	
DATE	DESCRIPTION	

INSURANCE INFORMATION	POLICY NUMBER	POLICY HOLDER	DATE BILLED
BLUE CROSS SHEET METAL WORKERS LO-	****456789 ****9871234	LAST NAME, HER NAME LAST NAME, HIS NAME	01/15/04 02/06/04

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

DATE OF SERVICE	PATIENT NAME
12/31/03	LAST NAME, HER NAME
ACCOUNT NO.	TYPE OF SERVICE
123456-1	DAY SURGERY/SURGICAL

**Adventist Health**

THANK YOU FOR CHOOSING ANY ADVENTIST HOSPITAL. WE CONSIDER IT A PRIVILEGE TO SERVE.

MAKE CHECKS PAYABLE TO: \_\_\_\_\_

ANY ADVENTIST HOSPITAL  
 PO BOX 9900  
 ANY TOWN, CA 99999-9900

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.  
 CHECK CARD USING FOR PAYMENT  
 MASTERCARD  DISCOVER  VISA  AMERICAN EXPRESS  
 CARD NUMBER \_\_\_\_\_ AMOUNT \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
 ACCOUNT BALANCE \$358.69 AMOUNT PAID \$

Call this number if you have any questions about your account.

These are the insurance plans we have on file for you. They will be billed in this order.