

Introducing your new statement

At Central Vermont Medical Center we continually strive to improve services to our patients. We recently transitioned to a new billing system and statement.

1 Guarantor Name - Paul Patient

2 Guarantor Number - 123456

3 Statement Date - 09/30/2016

4 PAYMENT DUE - \$10.00

5 **PAY IN FULL**
For your convenience we have the following options available:
 ☎ Pay by phone dial (844) 321-4001
 ✉ Mail in the payment using the coupon below
 💻 Pay online at www.cvmc.org (Available 24/7)

PAYMENT PLAN
If you are unable to pay your bill in full or would like to add another account to your current payment plan, please call the Patient Access Department at (844) 321-4001

FINANCIAL ASSISTANCE
Vermont Health Connect and Vermont Medicaid applications are available. CVMC also offers a Healthcare Assurance Program. Our Patient Access Financial Counseling Team can provide information and assistance with the application process. To learn more about these programs, please contact us at (844) 321-4001

Central Vermont Medical Center and Medical Group Practices Work together to improve the health of the communities we serve. For your convenience, we are now consolidating hospital and physician charges on one statement.

Please see second page for a detailed summary of your bill ➔

Detach section below and return with your payment.

University of Vermont HEALTH NETWORK
Central Vermont Medical Center
PO BOX 60
ROCHESTER, NH 03866-0060

PAUL PATIENT
123 MAIN STREET
ANYTOWN, USA 00000-0000

IF PAYING BY VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW

VISA MASTERCARD DISCOVER AMER. EXP.

NUMBER EXP. DATE AMOUNT

NEVER INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
09/30/2016	\$10.00	123456
PAYMENT DUE DATE	AMOUNT PAID HERE	
Upon Receipt		

6 (on card number field)

7 (on payment due date field)

8 (on amount paid here field)

9 (on barcode)

104568

- 1** Guarantor Name - Name of person who is responsible for the bill.
- 2** Guarantor Number - The account number assigned to the person responsible for the bill.
- 3** Statement Date - The date the bill was generated.
- 4** Payment Due - The amount owed that reflects total charges minus any payment you and/or your insurance company made and was posted to your account as of the statement date. Any payments made after your statement date will not be reflected in the current balance due.
- 5** Payment Options - These are the payment options that are available to you.
- 6** Credit card payment - If you are paying by credit card, use this area to fill in the type of credit card, card number, signature code (also known as a security code), amount you are paying, signature, and expiration date. We accept Mastercard, Discover, Visa, and American Express.
- 7** Due Date - The date payment is due. If you are unable to pay in full by this date, call customer service toll free at (844) 321-4001 for payment options.
- 8** Show Amount Paid Here - Write the amount you are paying toward this bill.
- 9** Make Checks Payable and Send To - The name and address where payments should be sent.

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 THE University of Vermont HEALTH NETWORK
 Central Vermont Medical Center

Guarantor Name	Guarantor Number	Statement Date	PAYMENT DUE \$10.00
Paul Patient	123456	09/30/2016	

Balance Forward \$0.00 **10**
 New Charges \$167.48 **11**
 Amount Paid By You \$0.00 **12**
 Current Account Balance \$10.00 **13**

Patient: Paul Patient

Service Date	Activity Date	Charges	SUMMARY	Payments/ Adjustments	PATIENT BALANCE
H00045678	14				
09/20/2016	09/30/2016	\$194.00	EST PT 40-64 YRS PHYS		\$194.00
			SUBTOTAL		\$194.00
09/20/2016	09/30/2016		15 COINSURANCE PAYMENT	-\$39.09	-\$39.09
			SUBTOTAL		\$154.91
09/20/2016	09/30/2016		INSURANCE ADJUSTMENT	-\$144.91	-\$144.91
			SUBTOTAL		\$10.00
			TOTAL PAYMENT DUE:		\$10.00

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- 10** Balance Forward - The unpaid balance from your previous bill.
- 11** New Charges - These are the new charges to your account.
- 12** Amount Paid By You - The amount you have previously paid.
- 13** Current Account Balance - The amount you currently owe.
- 14** Hospital Number - The hospital number assigned to the person responsible for the bill.
- 15** Service Description - Information specific to your visit, including: date of service, patient name, visit type, account number, primary insurance, and secondary insurance.

Questions?

Please contact customer service toll free at (844) 321-4001.

Hours: Monday - Friday 8:00 am - 4:30 pm, EST.
 Payments can be made online at www.cvmc.org