



TOURO PATIENT
1234 PATIENT ADDRESS
NEW ORLEANS LA 70015

This section tells you the total amount owed for the services you received.

The amount that your insurance paid and what you are responsible for. The amount you owe will be listed next to "Please Pay This Amount."

The itemized charges are listed on the reverse side.

Important Message

Thank you for choosing Touro Infirmary for your healthcare needs.

Touro offers many ways to pay your bill, including:

- Online bill pay www.touro.com/billpay
- Credit or Debit card (MasterCard, Visa, Discover, American Express)
- Personal or traveler's check
- Money order

Not able to pay your bill in full? Touro offers payment plans.

Contact the Patient Billing Office at (504) 897-8350, Monday-Friday, 8 a.m. – 5 p.m. or at billing@touro.com.

Account Information

Patient Name: LastName, FirstName
 Statement Date: 04/29/11
 Service Date(s): 04/21/11
 Account Number: 12345678900
 Medical Record Number:

Charge Summary

Total Charges:	\$27,641.83
Est Ins Coverage 1:	\$.00
Est Ins Coverage 2:	\$.00
Est Ins Coverage 3:	\$.00
Est Ins Coverage 4:	\$.00
Please Pay This Amt:	\$10,890.62

Insurance Information

Ins. 1: MEDICAID	12345678900
Ins. 2: MEDICAID PROFEE	12345678900
Ins. 3:	
Ins. 4:	

Contact Us

For questions, call customer service at: (504) 897-8350.

Confirm that the primary and secondary insurance information you provided is correct.

Touro files health insurance claims directly with your primary payer and, if appropriate, your secondary insurance payer. **Any co-payments and/or outstanding balances not paid by your insurance payer will be billed to you directly.**

Corrections or questions? Write changes on the form on the reverse of the bill and mail it to Touro or call the Patient Billing Office at (504) 897-8350

Additional services.

Account Number: 12345678900	Please Pay This Amount: \$10,890.62
Patient Name: LastName, FirstName	Due By:
Card No.:	Exp. Date:
Signature:	Amount Paid:
* This is a credit card, by your signature	

AMOUNT DUE:

The amount listed here is what you are responsible for paying Touro.

Have a question or want to set up a payment plan? Call the Patient Billing Office at (504) 897-8350.

Paying by check? Make checks payable to Touro Infirmary.

TOURO PATIENT
1234 PATIENT ADDRESS
NEW ORLEANS LA 70015

TOURO INFIRMARY
1401 FOUCHER STREET
NEW ORLEANS, LA 70160

Account Summary

Patient Name: Last, First
 Statement Date: 04/29/11
 Service Date(s): 04/18/11 - 04/21/11
 Account Number: 12345678900
 Medical Record Number:
 Please Pay This Amt: \$10,890.62

Charge Information

Date of Service	Description of Hospital Services	Service Code	Total Charges	Est. Coverage	Est. Coverage	Est. Coverage	Est. Coverage	Patient Amount
				Ins. Co. No. 1	Ins. Co. No. 2	Ins. Co. No. 3	Ins. Co. No. 4	
SUMMARY OF CHARGES								
	R&C SEMI-PR 3DAYS AT1090.00		1139.00					
	EMERGENCY ROOM		840.00					
	LABORATORY		4444.00					
	RADIOLOGY		10178.00					
	CARDIOLOGY		3204.00					
	PULMONARY		132.00					
	PHYSICAL THERAPY		358.00					
	OCCUPATIONAL THERAPY		305.00					
	SPEECH THERAPY		338.00					
	PHARMACY		1274.94					
	SUPPLIES		180.00					
	PHARMACY/SPECIFIC		2702.59					
	SUB-TOTAL OF CHARGES		27226.53					

This section lists all the services you received and the cost for each.

The total charges are listed in the "Charge Summary" section on the front of the statement.

YOU OWE : 10890.62

SUMMARY OF PAY/ADJ
0111 \$SPD SPECIAL D 8001004 00116335.91-

16335.91-

T O T A L S 10890.62

Please use this space to make corrections to your address or insurance information.

Name: _____ Account No: _____ Phone: _____
 Address: _____
 Business Phone: _____ Employer: _____
 Employer Address: _____
 Insurance Company: _____ Effective Date: _____
 Insurance Company Address: _____ Phone: _____
 Insurance Policy or Contact No: _____ Group No: _____
 Policy Holder's Name: _____ Phone: _____
 Policy Holder's Date of Birth _____ Policy Holder's Gender: M F Policy Holder's Social Security No: _____
 Patient's Relationship to Insured: Self Spouse Child Other _____