

LCMC - SBO  
P.O. Box 733679  
Dallas, TX 75373-3679  
**P 504.401.9287**

Children's Hospital  
New Orleans East Hospital  
Touro  
University Medical Center  
West Jefferson Medical Center



Please submit payment of \$274.00 by **August 23, 2020** or call us at **504.401.9287** if you would like to make payment arrangements.

<b>Total Charges</b>	<b>\$390.00</b>
<b>Insurance Payments/Adjustments</b>	<b>0.00</b>
<b>Patient Payments/Adjustments</b>	<b>\$-116.00</b>
<b>Patient Responsibility</b>	<b>\$274.00</b>

### Professional visits

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Acct# 120114969 - John Smith's visit with Jeremy L Waggenpack, MD at WJMC 5th Floor Main Hospital					
07/24/20	In111 pentetate Your Responsibility	\$100.00			\$100.00

### Hospital visits

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Acct# 90004588 - John Smith's visit to West Jefferson Medical Center Ambulance Billing -					
10/02/18 to 10/03/18	Laboratory Patient Adjustments Your Responsibility	\$290.00		-\$116.00	\$174.00

### Notice of Other Bills:

This bill may not reflect the total out-of-pocket expenses associated with care you received at an LCMC Health provider. In some instances, there may be separate charges for services of independent healthcare professionals that may be billed separately from your hospital care. Please visit: [LCMHealth.org/paymybill](http://LCMHealth.org/paymybill) for more information.

Due 08/23/20	Guarantor #	Statement Date	Amt Due
Amount Enclosed	100195805	07/26/20	\$274.00
\$	Card #		
<input type="checkbox"/>	<input type="checkbox"/>	Exp Date	
<input type="checkbox"/>	<input type="checkbox"/>	Sec Code	
Signature			

## Payment options

### Online at our Patient Portal



Pay your bill easily on our Patient Portal

The easiest way to view your statements, make payments, schedule appointments, and more!

[LCMHealth.org/patientportal](https://www.lcmchealth.org/patientportal)

Activation code: **WT7BW-SXG8V-6Z225**

Not interested in signing up?

Visit [LCMHealth.org/paymybill](https://www.lcmchealth.org/paymybill) to pay as a guest

Guarantor ID: 100195805

Guarantor Name: John Smith

### Financial Assistance:

If you do not have insurance, are underinsured, or if it would be a financial hardship to pay all out-of-pocket expenses for services provided by LCMC Health hospitals and providers, you may qualify for financial assistance. Our Financial Assistance Program provides free or discounted care to patients having difficulty paying their medical bills if eligibility is met.

Contact our Financial Counselors at **504.702.3500** or go to [LCMHealth.org/paymybill](https://www.lcmchealth.org/paymybill) for more details.



### By Mail

Complete the form on the front page and return in the enclosed envelope.

### By Phone



Call **504.401.9287** to pay by credit or debit card. 8 am to 5 pm Monday through Friday (Excluding Holidays) or email us at [LCMC-CustomerService@LCMHealth.org](mailto:LCMC-CustomerService@LCMHealth.org) with any questions on your bill or to make payment arrangements.

### Provider Based Billing:

Some clinics at LCMC Health locations are designated as provider based clinics by the Centers for Medicare and Medicaid Services (CMS). Under this designation, these clinics are considered departments of the hospital, therefore charges for services provided in these locations will be separated into two components:

**Technical Services:** related to nursing care, support and ancillary staff, routine supplies, equipment, and building expenses.

**Professional Services:** related to your physician's or provider's clinical evaluation, medical decision-making, diagnosis, treatment options and plans.

Other health care professionals who provided services to you while you were in the hospital (such as doctors, surgeons, pathologists, anesthesiologists and radiologists) may bill you separately. Please contact their offices directly with any questions.

**LCMC Health** is committed to meeting the needs of the diverse population that we serve. We do not discriminate on the basis of race, creed, color, national origin, religion, age, sex, sexual orientation, disability or handicap in any of our activities or operations. For persons with disabilities, we provide qualified sign language interpreters and written information, written in alternative formats, in a timely manner free of charge. If you prefer to communicate with us in a language other than English, we will provide qualified interpreters and translation services in a timely manner free of charge. If you need these services, please contact us at:

LCMC-CustomerService@LCMHealth.org or phone 504.702.4862

You can also file a civil rights complaint with the U.S.

Department of Health and Human Services, Office of Civil Rights (OCR):

1. Electronically through the OCR Complaint Portal: **[ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)**
2. By mail 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201
3. By telephone: **800.368.1019** TDD: **800.537.7697 (TDD)**