touro
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Important Message

Thank you for choosing Touro Infirmary for your healthcare needs.

We have submitted your claim for the service date of 04/21/11, to your insurance Company. It takes approximately thirty days for the calim to be processed.When your insurance Company(s) pays us, we'll provide you with information about your balance due, if any.

This is a statement, not a bill. Please check to be sure that the insurance information is correct and that your secondary insurance (if you have secondary) is also listed.

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

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

When you receive your bill, the amount you owe will be listed next to "Please Pay This Amount." (*Because this is only a statement, not a bill, it is $.00.)*

The itemized charges are listed on the reverse side.

TOURO PATIENT
1234 PATIENT ADD
NEW ORLEANS LA

Accou

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

Charge Summary

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

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.**

Please Note: Your physician will bill spearately for professional services.

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ADDRESS SERVICE

Check box if your address or insurance in has changed. Please make changes on ba

00039923 002
TOURO PATIENT
1234 PATIENT ADDRESS
NEW ORLEANS LA 70015

This is a statement, not a bill, so payment is not due at this time.

If you would like to begin making payments or learn more about a payment plan, please call the Patient Billing Office at (504) 897-8350.

NOTICE:
THIS IS NOT A BILL
DO NOT PAY

TOURO INFIRMARY OR TOURO REHAB CEN
1401 FOUCHER STREET
NEW ORLEANS, LA70160

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Account Summary

Patient Name: Last, First
Statement Date: 04/29/11
Service Date(s): 04/21/11
Account Number: 12345678900
Medical Record Number:
Please Pay This Amt: $.00

Charge Information

Date of Service	Description of Hospital Services	Service Code	Total Charges	Est.Coverage Ins.Co.No.1	Est.Coverage Ins.Co.No.2	Est.Coverage Ins.Co.No.3	Est.Coverage Ins.Co.No.4	Patient Amount
	BALANCE FORWARD		0.00					
	SUMMARY OF CURRENT CHARGES							
	DELIVERY ROOM		1139.00					
	EMERGENCY ROOM		413.00					
	RADIOLOGY		870.00					
	PHARMACY		215.72					
	PHARMACY/SPECIFIC		4.11					
	SUB-TOTAL OF CURR. CHARGES		2641.83					

GUAR RELATIONSHIP: SEX:

Y
Y
Y
Y
Y
Y

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.

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 _____