

# Understanding Your Bill

You will receive one bill that includes physician and hospital charges for your care at The Ohio State University Wexner Medical Center.

| STATEMENT DATE | AMOUNT DUE            | PATIENT ID |
|----------------|-----------------------|------------|
| 11/26/2013     | \$168.28              | 00000001   |
| 12/16/2013     | SHOW AMOUNT PAID HERE |            |

## PAYING YOUR BILL

You can pay your bill in four ways:

- Through your OSUMyChart account.
- By visiting [wexnermedical.osu.edu](http://wexnermedical.osu.edu) and clicking on *Pay Your Bill* at the bottom of the screen.
- By phone at 614-293-2100.
- By mailing your credit card or check payment using the coupon at the bottom of your statement.

## PAYMENT PLANS

If you are unable to pay your amount due in full and would like to establish a monthly payment plan, call us at 614-293-2100.

## FINANCIAL ASSISTANCE

We may be able to provide assistance for individuals and families with income at or below 400% of the federal poverty guidelines. To apply for financial assistance, simply complete the form included in your bill.

## INFORMATION CHANGES

Please call our Customer Service at 614-293-2100 if you have changes to your name, address or insurance information.

## QUESTIONS

Customer Service is available to answer your questions at 614-293-2100.

Our team is available Monday through Friday from 8 a.m. to 5 p.m. You can also contact us through your OSUMyChart account under *Billing & Insurance* by selecting *Send a Billing Assistance Message*.

If you do not yet have an OSUMyChart account, you can create one by visiting [osumychart.osumc.edu](http://osumychart.osumc.edu) and clicking on *Create Your Account*.

*Thank you for choosing Ohio State for your care.*



**THE OHIO STATE UNIVERSITY**

WEXNER MEDICAL CENTER

Our billing statements have been designed with you in mind to help you better understand your financial responsibility. Our team worked with our Patient and Family Advisors to develop a statement that is easy to understand and has all the information you need at your fingertips. The most important information is highlighted in yellow for your convenience. Important parts of your bill are outlined below. **QUESTIONS?** Call us at 614-293-2100 Monday through Friday from 8 a.m. to 5 p.m.

**1** Patient Name – the name of the person receiving medical care.

**2** Patient Number – a unique number that helps identify each patient in our billing system.

**3** Amount Due – the total amount due with this statement.

**4** Payment Options – the ways you can pay your bill, including online, by phone or via the mail.

**5** Payment Plans – the number to call if you are unable to pay your amount due in full and would like to establish a monthly payment plan.

**6** Financial Assistance – general guidelines for applying for financial assistance. An application form will be available in your bill.

**7** Guarantor Name – the bill will be addressed to the guarantor, or the person responsible for the patient financially.

**8** Payment Coupon – indicate the amount you are paying and detach and mail the coupon with the information completed by the due date. The mailing address for payments is for our payment processing service, all billing and customer service is handled locally in Columbus.

**9** Hospital Charges – this section details charges associated with the facility where you received care, such as radiology or laboratory services. The left side describes the services provided and the charges for each service. The right side describes payments, adjustments and the amount owed.

**10** Physician Charges – this section details charges associated with the providers from whom you received care, such as a physician visit or another professional service provided. The left side describes the services provided and the charges for each service. The right side describes payments, adjustments and the amount owed.

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