North Shore LIJ North Shore-Long Island Jewish Health System

North Shore University Hospital at Glen Cove
PO Box 4317 Manhasset NY 11030

Statement Date:	Account Number:	Please Pay This Amount:
08/09/14	1213816968	$200.00
Patient Name: Simon ,Claude		Due By: 08/29/14

☐ VISA ☐ MasterCard ☐ DISCOVER ☐ AMERICAN EXPRESS

Card Number: Exp. Date:

Signature: Amount Paid:

ADDRESS SERVICE REQUESTED

☐ Please check box if address below is incorrect or insurance information has changed and indicate changes on reverse side

If paying by check, please make check payable to:

00001476 001 0.53
CLAUDE SIMON
71 TONJES RD
CALLICOON NY 12723-5729

GLEN COVE HOSPITAL
PO BOX 27683
NEW YORK, NEW YORK 10087-7683

00121381696800100000020000003000127

Return the above portion with payment

Patient Name	Account Number	Date(s) of Service	Account Balance
Simon ,Claude	1213816968	07/09/14	$200.00

STATEMENT DETAILS

INVOICE

Total Charges:	$1,413.00
Total Covered By Insurance:	-$1,213.00
Total Patient Payments:	$.00
Your Account Balance:	$200.00

For patients without insurance you may be eligible for a substantial reduction through our Financial Assistance Program. Did you know that a family of 4 with an annual income of $119,250 is eligible through our program? Please call us at (888) 214-4066 or visit our website at www.NSLIJ.com/RESOLVE and let us assist you in evaluating your eligibility. Interest free payment arrangements are available upon request.
NSLIJ is committed to helping our patients.

En el caso de pacientes sin seguro, tal vez usted reúna las condiciones para una considerable reducción a través de nuestro Programa de ayuda financiera (*Financial Assistance Program*). ¿Sabía usted que una familia de 4 con ingresos anuales de $119,250 reúne las condiciones necesarias a través de nuestro programa? Llámenos al (888) 214-4066 o visite nuestro sitio web en www.NSLIJ.com/RESOLVE y permítanos ayudarlo a evaluar si reúne las condiciones para participar. Se dispone de acuerdos de pagos sin intereses previa solicitud. NSLIJ está comprometido a ayudar a nuestros pacientes.

Charges are for Hospital Services only.
Any Physician Services will be billed independently.

pd 9-4-1

MESSAGE

YOUR INSURANCE CO. HAS PAID THEIR PORTION. PLEASE REMIT PAYMENT FOR THE BALANCE DUE.

North Shore LIJ North Shore-Long Island Jewish Health System

Visit us at:
WWW.NSLIJ.COM/RESOLVE

Customer Service:
Monday - Thursday 9am - 8pm
Friday 9am - 2pm
(888) 214-4066
24 Hr automated service line is also available 7 days per week.

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