Lehigh Valley Health Network
A PASSION FOR BETTER MEDICINE

Page: 1 / 2
Statement Date: 1/2/2020
Patient Name: Phillip S Gaimon

TO MAKE A PAYMENT:

1. **Online** through your www.mylvhn.org account using code [redacted]
2. By **phone** at 1-888-455-6234 from Mon - Fri 8 am - 5pm.
3. By **mail** as shown below.

Dear Phillip S Gaimon,

Some or all of your balances below are past due. If payment is not made by the due date for the accounts below your account will be sent to collections.

If you have insurance, the patient amount includes deductible, coinsurance, and/or co-pay assigned by your insurance company as your responsibility. Please contact your insurance company if you have questions on why you have a balance after their review of your claim.

If you have a financial hardship or are uninsured, you may qualify for various financial assistance or payment programs that we would be happy to discuss with you. You may reach us at 1-888-455-6234.

Visit our website at www.lvhn.org and select option [redacted] to pay your bill online using code [redacted] OR Email us at MYLVHN for questions.

Primary Insurance: Commercial Generic
Secondary Insurance:

Previous Balance	Services Since Last Statement	Total Balance
$151,803.69	$0.00	$151,803.69

Date	Service	Total Charges	Insurance Contractual Adjustment	Insurance Payments	Patient Payments/ Discounts	Patient Amount Due
Physician Services						
[redacted]	**ACCOUNT SUB-TOTAL**	**$2,865.00**	**$96.53**	**$905.18**	**$0.00**	**$1,863.29**
6/14/2019	KONSTANTINOVA - INITL INPATIENT CONSULT NEW/E	$320.00				
6/14/2019	FIEMAN - INITIAL HOSPITAL CARE/DAY	$195.00				
6/14/2019	JACOBS - INITL INPATIENT CONSULT NEW/ESTAB PT	$155.00				
6/14/2019	BATCHELOR - EMER DEPT E&M-HIGH SEVERITY IMMED	$340.00				
6/14/2019	DUSAJ - ECG-ROUTINE W/12 LEADS; INTERPT & REP	$25.00				
6/15/2019	STANSBURY - OPEN TREATMENT CLAVICULAR FRACTUR	$1,410.00				
6/15/2019	FIEMAN - SUBSQT HOSP CARE-DA E&M MINOR COMPLI	$140.00				
6/16/2019	FIEMAN - SUBSQT HOSP CARE-DA E&M MINOR COMPLI	$140.00				
6/17/2019	HERZFELD - HOSP D/C DA MGMT; 30 MIN/LESS	$140.00				
	PHYSICIAN SUB-TOTAL	***$2,865.00***	***$96.53***	***$905.18***	***$0.00***	***$1,863.29***
Hospital Services						
[redacted]	**ACCOUNT SUB-TOTAL**	**$166,220.24**	**$0.00**	**$16,279.84**	**$0.00**	**$149,940.40**
6/14/2019 - 6/17/2019	LVH-Cedar Crest 4KS					

Continued on the next page

☎ **Customer Service Hours: Mon - Fri 8 am - 5pm**
1-888-455-6234
Make payment at www.mylvhn.org

LEHIGH VALLEY HEALTH NETWORK
PO BOX 4120
ALLENTOWN, PA 18105-4120

☐ Please check box if below address is incorrect or insurance information has changed, and indicate change(s) on the reverse side.
Favor de marcar el cuadro si la dirección de abajo esta incorrecta o la información a cambiado e indique los cambios en el lado opuesto de la hoja.

IF PAYING BY MASTERCARD, DISCOVER, VISA, OR AMERICAN EXPRESS, PLEASE FILL OUT BELOW.
CHECK CARD USING FOR PAYMENT
☐ MASTERCARD ☐ DISCOVER ☐ AMEX ☐ VISA
CARD NUMBER | EXP. DATE
SIGNATURE

[redacted]

STATEMENT DATE	DUE DATE	AMOUNT DUE NOW
1/2/2020	1/23/2020	$151,803.69

GUARANTOR: Phillip S Gaimon
AMOUNT ENCLOSED: $

[redacted]

Pay To:

LEHIGH VALLEY HEALTH NETWORK
PO BOX 781733
PHILADELPHIA, PA 19178-1733

[redacted]

HSS

Guarantor number: [redacted]
Responsible party: Phillip Schwan Gaimon
Statement date: September 24, 2019

Thank you for choosing Hospital for Special Surgery.

One or more of your accounts remains past due. To avoid further collection activity, please remit payment immediately.

Account Summary

Total Charges	45,427.00
Insurance Payments/Adjs	-251.37
Outstanding Insurance Balance	0.00
Total Patient Adjustments	4,350.41
Your Payments	0.00
Your Current Balance	49,526.04

Amount due by October 22, 2019 **$49,526.04**

Pay Your Bill Online

my HSS **Your personal connection to world-class care.**

The easiest way to view your statements, make payments, request appointments, and more!
hss.edu/myhss

If you are not enrolled in MyHSS, you can also pay your bill online by visiting
myhss.hss.edu/myhss/billing/guestpay

Pay by Mail

Complete the form below and return in the enclosed envelope.

Pay by Phone

Call 844-252-1772 Monday through Friday 9 AM through 4 PM for inquiries or to make payment. You can also e-mail us at billing@hss.edu

Hospital for Special Surgery offers a Financial Assistance Program to patients who have limited or no insurance coverage who may experience difficulty in meeting their financial responsibility to the hospital. For further information, please call us at) 606-1505 or visit us at hss.edu/financial-assistance.

Detach bottom portion to return with your payment

130016

HSS

RETURNED MAIL ADDRESS:
Hospital for Special Surgery
PO BOX 3475
TOLEDO, OHIO 43607-0475
[redacted]

VISA MasterCard AMERICAN EXPRESS DISCOVER

CARDHOLDER NAME

CARD #	EXP DATE	CODE

SIGNATURE

STATEMENT DATE	BALANCE DUE	AMT. ENCLOSED
September 24, 2019	$49,526.04	

GUAR. INFO Phillip Schwan Gaimon [redacted]

[redacted]

HOSPITAL FOR SPECIAL SURGERY
PO BOX 28608
NEW YORK, NY 10087-8608

[redacted]