

Guarantor ID 3867814

Patient Shmuel Ben Ezra
Statement Date 10/02/2018

Balance Summary	
Payments Received Since Last Statement	\$ 0.00
Open Accounts	
Total Charges	\$ 365.00
Adjustments & Insurance Payments	\$ 0.00
Patient Payments	\$ 0.00
Open Accounts Amount Due	\$ 365.00
Payment Plan Accounts	
Patient Payments	\$ 0.00
Outstanding Patient Balance	\$ 0.00
Payment Plan Amount Due	\$ 0.00
Minimum Amount Due	\$ 365.00

Important Information

Thank you for choosing Northwestern Medicine for your health care services. The amount due reflects your current patient responsibility as of the statement date and does not include any services that are still pending payment from an insurance carrier. Please remit your payment in full.

Statement of Services

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NM MyChart

Sign up or log in to NM MyChart to view statements and pay your bill. Visit https://mychart.cdh.org/mychart to learn more.



Pay Online

Visit nm.org/billpayment. Please have your statement ready.



Scan QR code for quick access



Customer Service

For questions or to request an itemized bill Call (855) 694-2866 Monday through Friday 8 a.m. to 5:00 p.m.



Financial Assistance

Northwestern Medicine has many financial assistance options available, including free care, discounted care for the uninsured and extended payment programs. You may be eligible for financial assistance under the terms and conditions Northwestern Medicine offers to qualified patients. For more information, please contact Financial Counseling toll free at 800-423-0523 or 312-926-6906. To obtain a free copy of Northwestern Medicine's financial assistance policy, plain language summary, and application please visit mybill.nm.org/financial-assistance.



Please see reverse side for account detail.

Please detach the bottom portion and return with your payment in the enclosed envelope. Make checks payable to NMHC. Allow 5 days if mailing your payment.



38678140000365002

SHMUEL BEN EZRA YIRZCHAK NISIM, 112 JERUSALEM

Guarantor ID				3867814
Due Date				10/23/18
Minimum Amount	Due			\$ 365.00
Amount I Am Paying		\$		
Credit Card	□ VISA	MasterCard	DISCOVER	20010940 1000048
Card #				
Cardholder Name_			Exp Da	ate
Signature				
		Ctr	nt Inv # 20	72224201

Stmt Inv # 2072224281

5081

Northwestern Medicine PO Box 4090 Carol Stream, IL 60197-4090







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Statement of Services

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	Date of Service	Description of Services	Charges	Adjustments/ Ins Payments		Amount Due
Professional Services	06/11/18	Emergency Department Visit High/Urgent Severity \$	365.00			
Account # 83098898 George T. Chiampas, DO Northwestern Memorial Hospital						
		Total \$	365.00	0.00	0.00	\$365.00
Total All Services		\$	365.00	0.00	0.00	\$365.00

Estimated Hospital Charges

Consistent with our *Patients First* mission, financial counselors are available to assist patients who have questions about the charges for services or procedures they may receive at Northwestern Medicine Hospitals and care clinics. Estimates are based on charges for anticipated routine care and recovery, taking into consideration insurance coverage, co-payments, deductibles, coinsurance and other information that may affect personal out-of-pocket costs. Estimated charges for the services or procedures to be performed will be based on data obtained from the most recent year.

To obtain information regarding the estimated charges of services or procedures, please call:

Financial Counseling

800-423-0523

Monday through Friday, 8 a.m. to 5 p.m.

An estimate regarding the charges for services or procedures will normally be provided within two business days.

Actual charges on the final bill may vary from the estimate based on the patient's medical condition, unknown circumstances or complications, final diagnosis and additional recommended treatment ordered by the physician(s). As a result, the final bill may be greater than or less than the estimate provided. Northwestern Medicine makes no guarantees regarding the accuracy of the pricing estimate.