Northwestern Medicine[®]

Guarantor ID	3867814				
Patient	Shmuel Ben Ezra				
Statement Date	09/02/2018				

Balance Summary

Payments Received Since Last Statement	\$ 0.00		
Open Accounts			
Total Charges	\$ 2,936.25		
Adjustments & Insurance Payments	\$ 0.00		
Patient Payments	-\$ 1,712.00		
Open Accounts Amount Due	\$ 1,224.25		
Payment Plan Accounts			
Patient Payments	\$ 0.00		
Outstanding Patient Balance	\$ 0.00		
Payment Plan Amount Due	\$ 0.00		
Minimum Amount Due	\$ 1,224.25		

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

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

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

Scan QR code for quick access

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3867814

09/23/18

\$ 1,224.25

\$

Exp Date

Stmt Inv # 2072014432

Master Card



Customer Service

NM MyChart

Pay Online

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

Guarantor ID

Credit Card

Card # _

Signature

Minimum Amount Due

Amount I Am Paying

Due Date

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.



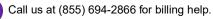
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SHMUEL BEN EZRA YIRZCHAK NISIM, 112 JERUSALEM

5840

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

_ _ Cardholder Name_____







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Statement of Services

		otatement of oervices					Page 2
	Date of Service	Description of Services		Charges	Adjustments/ Ins Payments	Patient Payments	Amount Due
Hospital Services Account # 29655452 Northwestern Memorial Hospital	06/11/18	Drugs (B)	\$ \$ \$	2,831.00 7.00 2.25 96.00		-1.712.00	
	•	Total	\$	2,936.25	0.00	-1,712.00	\$1,224.2
Total All Services			\$	2,936.25	0.00	-1,712.00	\$1,224.25

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.