Patient Statement

Customer Service phone numbers and hours.

The statement is addressed to the guarantor (person responsible for payment of the account).

The medical practice or location name.

Service date or date range, and supervising physician's name.

Charges, payments and adjustments.

CONCORD HOSPITAL

250 Pleasant St.
Concord, NH 03301-7539

Customer Service (603) 228-7145 • Toll Free (855) 705-4971 • For the Deaf and Hard of Hearing, please call Relay NH at 711

Account Activity for Test Patient

Guarantor Name	Test Sample
Patient Name	Test Patient
Account Number	2222222222
Location	Rehab PT/OT Services
Provider	TEST PROVIDER
Date of Service	10/27/2021-01/11/2022
Insurance Listed	HUMANA

Itemized bills are available free of charge upon request.
Call our office or request online at
https://concordhospital.paymyhealthbill.com/quickpay

Charges Summary

PHYSICAL THERAPY	$3865.00
TOTAL CHARGES	$333.00
TOTAL PAYMENTS/ADJUSTMENTS	$293.00

Amount Due: $40.00
Due Upon Receipt

Your scheduled payment was not received. If you recently mailed your payment, you may disregard this message. If payment is not received timely, the balance may be referred to a collection agency or attorney.
For specific location, see Account Activity detail.

Messages provide important information about the status of your account.

Please See Reverse Side for Important Information

Manage Your Account on our payment portal,
https://concordhospital.paymyhealthbill.com/quickpay

To pay online, use the URL or scan the QR code to sign-up for paperless billing.

- **Pay Online – it's fast and secure.**
- **Sign up for paperless billing - it's fast and easy! No more postage!**
- **Sign up for Text to Pay**
- **Self Service Payment Plans**
- **Mobile Quick Pay**

If you have questions, please call Customer Service at (855) 705-4971 or local at (603) 228-7145.

Our office hours are Monday-Thursday 8 am - 8 pm and Friday 8 am - 4:30 pm.

Your billing statement has a new look designed to make it easier to understand charges and patient payment responsibility. The transition from the existing statement to the new statement, will span several months, in which time; you may receive bills on both the existing and new statement design. If you have any concerns about the authenticity of a bill you receive from a Concord Hospital health system facility, call (603) 228-7145. Our patient financial services representatives are available to assist you.

Please detach and return bottom portion with your payment.

CONCORD HOSPITAL
250 Pleasant Street
Concord NH 03301-7539
CHANGE SERVICE REQUESTED

Account Number	**2222222222**
Due Date	**Due Upon Receipt**
Total Amount Due	**$ 40.00**
Amount Paid	**$ _____**

Summary of total amount due.

☐ Please check the box if your address has changed and complete the form on the back of this section.

Test Sample
123 Main St
Concord NH 03301-1111

MAKE CHECKS PAYABLE TO AND REMIT TO:

CONCORD HOSPITAL
P.O. BOX 23040
NEW YORK, NY 10087-3040