With the input of our patients, we’ve made your bill easier to understand. With one consolidated statement per 30-day period, you can easily keep track of all visits, procedures and financial transactions at a glance.

1. **Balance Due**: Current balance due on your account.
2. **Payment Due By**: Date payment is due.
3. **Responsible Party**: Person financially responsible for the patient.
4. **Payment Options**: Methods to pay your bill.
5. **Balance Due Summary**: If you have a budget plan, the plan payment due is shown on the first line. The balances due that are not part of a budget plan are shown on the second line. The total of those two categories is shown on the third line, representing the total balance due.
6. **Guarantor ID**: Identification number of the person or party financially responsible for all accounts on the statement.
7. **Patient Name**: Name of the person who received services.
8. **Questions**: Methods to contact Patient Financial Services.
9. **Financial Assistance**: If you can’t afford to pay your bill, contact us to learn about WellSpan’s Financial Assistance Policy.
10. **Information Correction**: If insurance or address information needs to be corrected, check here and write in blank space on the reverse of the coupon slip.
11. **Credit Card Information**: Complete this section if you wish to pay by credit card.
SERVICES: Description of the type of service provided and name of WellSpan practice or facility where visit occurred.

ACCOUNT NUMBER: Number that identifies your account and invoice type.

DATE: Date a payment transaction was posted.

DESCRIPTION: Summary of services received by the patient.

BALANCE FORWARD: Balance still due from a previous statement.

CHARGES: Total charges without payments or adjustments.

INSURANCE PAYMENTS/ADJUSTMENTS: Insurance payments applied to your account as well as adjustments made.

PATIENT PAYMENTS/ADJUSTMENTS: Payments and adjustments related to self-pay.

PATIENT BALANCE: Amount due from patient.

TOTALS: Total amounts of above columns.

BALANCE DUE: Amount due for this visit.

STATEMENT DATE: Date the statement was issued.

Questions?
- Email us at: WSHCustomerService@WellSpan.org
- Visit www.WellSpan.org/PayBill
- Call us at 877-631-4262