


Understanding your new and improved billing statement


- A Undeliverable mail only**
For return mail use by USPS only. Checks and other correspondence should be sent to PO box address on the bottom of statement.
- B Account number**
A new number provided by Mass General Brigham to track your balances and payments
- C Current balance due**
What is owed now and due date for payment
- D Ways to pay**
Options to pay online, by mail or by phone number at 617-726-3884. If you pay by mail, please make check payable to "Mass General Brigham" and include your account number.
- E Services provided by**
A new list of all services that may appear on this statement
- F Patient Gateway link**
A new QR code for easy patient portal enrollment and/or payment options
- G Monthly statement of account**
New detail on whom you saw, when you saw them, how much you were charged and what payments were paid by you or your insurance company since your last statement
- H Additional services**
Additional services rendered, including accounts set up on/off payment plans
- I Amount due**
To send payments by mail, include bottom portion of statement with account number written on check.



Undeliverable Mail Only
PO Box 2090
Morrissville NC 27560

*****SNGLP
3 1 SP 0,640

ED0000## JOHN A SAMPLE
1234 MAIN ST
ANYTOWN NC 55555-5555



Page 1 of 2
Statement Date: 10/16/2023
Billing Account Number: 100000000
Payment Due Date: 11/16/2023
Patient Name: John A Sample

What you owe now

\$2,114.99

Payment due November 16, 2023
***account not on a payment plan, call or log into Patient Gateway to add balances to current payment plan


Ways to pay


- Visit www.patientgateway.org.
- Send in your check along with the payment coupon below. Please include full billing account number on check.
- Call customer service:
617-726-3884
8 a.m.-4:30 p.m. M, T, W, F
9 a.m.-4:30 p.m. Th

Por favor llama:
617-726-3884
8 a.m.-4:30 p.m. Lu, Ma, Mi, Vi
9 a.m.-4:30 p.m. Ju

Services provided by:

Massachusetts General Hospital	McLean Hospital
Brigham and Women's Hospital	Nantucket Cottage Hospital
Brigham and Women's Faulkner Hospital	Newton-Wellesley Hospital
Cooley Dickinson Hospital	North Shore Physicians Group
Martha's Vineyard Hospital	Salem Hospital
Mass Eye and Ear	Spaulding Rehabilitation
Mass General Brigham Community Physicians	Wentworth-Douglass Hospital
Mass General Brigham Healthcare at Home	
Mass General Brigham Medical Group	
Mass General Brigham Urgent Care	

 Thank you for choosing Mass General Brigham.
Learn more at www.MassGeneralBrigham.org



Scan to pay or enroll:

Sign up for Mass General Brigham Patient Gateway to communicate with your doctor, view test results, schedule appointments, renew prescriptions, view and pay bills—even participate in research.

Date of Service: 2/18/2022 Brigham and Women's Hospital McCoy, Leonard MD


DATE	DESCRIPTION	CHARGES	PAYMENTS/ADJUSTMENTS	PATIENT RESPONSIBILITY
2/18/2022	Lab Services- Hospital	\$494.00		
2/18/2022	Pathology Lab- Hospital	\$403.00		
3/23/2022	Contractual Adjustment - Blue Cross Blue Shield		\$78.47	
3/23/2022	Insurance Payment - Blue Cross Blue Shield		-\$102.75	
3/23/2022	Contractual Adjustment - Blue Cross Blue Shield		-\$690.12	
8/24/2023	Patient Payment - Thank You		-\$50.11	
3/13/2022	Contractual Adjustment - Blue Cross Blue Shield		-\$78.47	
Service Total		\$897.00	-\$842.98	
CURRENTLY ON PAYMENT PLAN			PATIENT RESPONSIBILITY	\$54.02

Thank you for making payment arrangements for this balance. Please send in your payment at least 10 days before the next statement date to allow for processing of your check.

Date of Service: 7/6/2023 Brigham and Women's Hospital McCoy, Leonard MD

DATE	DESCRIPTION	CHARGES	PAYMENTS/ADJUSTMENTS	PATIENT RESPONSIBILITY
7/6/2023	Lab Services- Hospital	\$1,296.00		
7/26/2023	Insurance Payment - Blue Cross Blue Shield		-\$172.05	
7/26/2023	Non Covered - Not Medically Necessary per Payer - Blue Cross Blue S		-\$202.00	
7/26/2023	Contractual Adjustment - Blue Cross Blue Shield		-\$902.84	
Service Total		\$1,296.00	-\$1,276.89	
*** NOT ON PAYMENT PLAN			PATIENT RESPONSIBILITY	\$19.11


Here's a reminder of your open balance, your insurer has determined the balance is your responsibility. Please contact your insurer with questions about the balance or call us to discuss payment options.



For your privacy and security, do not mail credit card numbers. This coupon and any checks are for bank deposit only. Please send correspondence including requests for information, offers to settle, disputes or general notes to the address on the back of this page.

To pay by check or money order:
Make checks payable to **Mass General Brigham**. Please write your account number on your check or money order and mail in the enclosed envelope to:

Mass General Brigham
P.O. Box 418393
Boston, MA 02241-8393



Responsible Party		Account Number
John A Sample		100000000
Pay by Date	Amount Due	Amount Enclosed
11/16/2023	\$2,114.99	

11162300002254090000000003432848

For information about patient bills and financial services, visit our website, write to patientbilling@MGB.org or call 617-726-3884.