

# How to Read Your New Monthly Statements

- 1 **Contact Information** - Telephone and hours of business office
- 2 **Credit Cards** - Preferred method of payment with either Mastercard, Discover, Visa and American Express credit cards (See reverse side of statement for financial policy)
- 3 **Statement Date** - Date statement is printed
- 4 **Due Date** - Date the balance is due to Northshore
- 5 **Account Number** - Number associated with the responsible party (Please enter this number in the Account Number field when paying online)
- 6 **Name and Address of Responsible Party**
- 7 **Responsible Party** - Name of the responsible party the statement is referencing
- 8 **Statement Detail** -  
**Date** - Date of each transaction  
**Description** - Charge and payment detail  
**Charges** - Amount of each transaction  
**Payments/Adjustments** - Amount of insurance or patient payment and adjustments  
**Patient Balance** - Patient amount due for each encounter
- 9 **Pay This Amount** - Payment amount due on this statement
- 10 **Message Box** - Important payment messages will appear here
- 11 **Northshore Information Box** - News and upcoming events to note

23056 Network Place | Chicago IL 60673-1230

**Billing Questions?**  
Call Customer Service at (847) 570-5000  
Hours: Monday – Friday, 8:00am – 5:30pm

Please check box if address or insurance has changed and indicate on back

**ADDRESSEE**

JOSEPH APEX  
1234 MAIN STREET  
CHICAGO, IL 60673

X00123456789 000098765432 000200000 6

myEasyMatch Code: J-APEX-1234-XEPA (See Back)

**IF PAYING BY CREDIT CARD, FILL OUT BELOW**

Check credit card using for payment

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Statement Date: 01/11/2012 Due Date: 01/31/2012 Account Number: 123456789 Pay This Amount: \$1,740.12

**Details and Pay Online:** [www.northshoreconnect.org](http://www.northshoreconnect.org)

**PLEASE MAKE CHECKS PAYABLE AND REMIT TO:**

NorthShore University HealthSystem  
Billing Department  
23056 Network Place  
Chicago, IL 60673-1230

Account Number	Responsible Party	Statement Date	Due Date
123456789	JOSEPH APEX	01/11/2012	01/31/2012

Date	Description	Charges	Payments/Adjustments		Patient Balance
			Insurance	Patient	
<b>Visit Accounts on Payment Plan</b>					
06/01/2012	<b>Date of Service 03/4/2012 - Visit #23456789 - JOSEPH APEX</b> ELECTRONIC PATIENT PAYMENT - Thank You Payments Remaining: 10 Payment Plan Balance: \$2,324.10 <b>CURRENT PAYMENT DUE:</b>				\$232.41
<b>Visit Accounts Not on Payment Plan</b>					
▶ <b>PATIENT: JOSEPH APEX</b> <b>Date of Service 03/4/2012 - Visit #12345678 - JOSEPH APEX</b> <i>Professional Services - Jon D. Doctor, MD</i>					
03/04/2012	CULTURE URINE	\$16.00			
03/04/2012	<i>Professional Services - Jane A. Smith, MD</i> CT STONE PROTOCOL	\$273.00			
03/04/2012	<i>Professional Services - George D. Davis, MD</i> EMERGENCY DEPT VISIT, LEVEL IV	\$319.00			
03/04/2012	<i>Professional Services - Jason A. Alex, MD</i> BASIC METABOLIC PANEL	\$14.00			
03/04/2012	CHRG-UA MACRO W MICRO	\$9.00			
03/04/2012	CHRG-C58 (CBC W DIFF)	\$14.00			
03/09/2012	INSURANCE ADJUSTMENT - BLUE CROSS		-\$104.00		
03/14/2012	INSURANCE ADJUSTMENT - BLUE CROSS		-\$115.00		

**Why do so many people refer family and friends to our doctors?**

Because we're an easy recommendation to make.

Call or click us today  
(847) 733-5707  
[northshore.org](http://northshore.org)

**FINAL NOTICE**

ONE OR MORE OF YOUR VISITS ARE DUE TO BE PLACED WITH OUR COLLECTION AGENCY. IF PAYMENT HAS BEEN MADE, PLEASE DISREGARD THIS MESSAGE.

PAY THIS AMOUNT \$1,740.12