

## Welcome to Your Monthly Billing Statement

Thank you for choosing Brown University Health for your hospital and physician services. We have designed this brochure to guide you through the Monthly Billing Statement and to bring key information to your attention.

- Brown University Health's monthly statement shows activity and balances due for hospital and professional services where a patient liability has been incurred.
- This statement displays both professional and hospital-based accounts and the date the services were provided.
- Patients may have more than one guarantor account for dependents, clinical trials, third party liability & Workers Compensation. Separate Statements will be sent of each guarantor account.
- Each visit established for different service dates can be identified in the detail display
- Please review the information enclosed and if you have questions after you receive your new statement, please contact our Customer Service Department at: 1-401-444-6966 Monday - Friday, 8:00 a.m. - 5:00 p.m.

**BROWN Health**  
UNIVERSITY  
PO BOX 1259 DEPT 182534 | OAKS, PA 19456

**BILLING STATEMENT**  
Questions, concerns, or want to pay over the phone?  
Call our billing line at 401-366-4329  
Monday - Friday 8:00am - 5:00pm

**ADDRESSEE**  
1 John Doe  
593 EDDY ST  
PROVIDENCE, RI 02903

**Online Bill Pay**  
Scan this QR code for a directlink to  
make payment on your account  
*No login required*

**View all your billing information on MyChart**  
Visit mychart.brownhealth.org for details about your account, payment plan options, and financial assistance programs.

**Please make checks payable and send to:**  
3 Brown University Health  
PO Box 411746  
Boston, MA 02241-1746

**4** Payment Due 01/31/26 Amount Due \$267.70 Amount Enclosed  
STMT-00000000 Guarantor ID: 0000000000

**2** Guarantor Acct #: 0000000000  
5 Statement Date: January 01, 2026  
The balance on this statement is now your responsibility. Our records indicate that your insurance company has either paid or denied their portion of the bill. If you have questions about the insurance payment, please contact your insurance company. Please remit payment in full by 11/16/25 or contact us at the phone number listed above to arrange payment.

| Date | Description  | Charges  | Pmts/Adj                                | Patient Balance                               |
|------|--|--|---|---|
| 6    | Hospital Svcs: #7000000000 - Doe, John<br>Emergency - Provider: Michael Smith, MD<br>Morton Hospital Emergency Medicine  |  |   |   |
| 7    | 09/01/25 Ekg/Ecg<br>Emergency Room<br>Laboratory<br>Peripheral Vascular Lab<br>Radiology - Diagnostic<br>Medicare Payments and Adjustments<br>Coinsurance: 223.95<br>Totals  | 191.09<br>1,751.85<br>628.84<br>662.13<br>235.73<br>3,469.64 | -3,245.69                               | 223.95  |
|      | Professional Svcs: #9000000000- John Doe<br>Outpatient<br>Brown Health Medical Group Physical Therapy  |  |   |   |
|      | 09/24/25 Physical Therapy Evaluation Low Complex 20 Mins<br>Medicare Payments and Adjustments<br>Totals  | 277.00<br>277.00   | -257.72<br>-257.72                      | 19.28   |
|      | Professional Svcs: #9000000001 - John Doe<br>Outpatient<br>Brown Health Medical Group Gastroenterology   |  |   |   |
| 8    | 08/27/25 Office/Outpatient Established Mod Mdm 30 Min<br>Medicare Payments and Adjustments<br>Totals<br>Balance Due<br>Payments received not yet applied   | 260.00<br>260.00<br>537.00                                   | -235.53<br>-235.53<br>-493.25<br>-24.47 | 24.47<br>267.70<br>267.70<br>-24.47<br>-24.47 |
|      | Financial Assistance<br>If you are unable to pay this bill, you may be eligible for assistance through our Community Free Service Program. For eligibility information, please contact one of our financial advocates at the number below, or visit <a href="http://brownhealth.org/financial-assistance">brownhealth.org/financial-assistance</a> to apply. |  |   |   |
|      | The Miriam Hospital: 401-793-2206  | Newport Hospital: 401-845-1490                               | All other locations: 401-444-7850       |   |
|      | For all other billing questions, or to make payment, please call 401-366-4329.   |  |   |   |

**1. Guarantor Name & Address:** the person or party who is financially responsible for the accounts on the statement .

**2. Guarantor Acct #:** A unique number assigned to the Guarantor

**3. Pay To Address:** Use this coupon to mail in a check payment to this address.

**4. Payment Due/Amount Due:** the Date your payment is due and the date that it is due by.

**5. Statement Date:** The date the statement was created

**6. Visit Details:**

- Type Of Account (Hospital v Professional)
- Visit Account Number
- Patient Name
- Account Class
- Attending Provider – if applicable
- Location/Office Name

**7. Charge Details:**

- Date or Date Range for Charges
- Charge Description, Payment Details. (Insurance vs Patient + Discounts)
- Charge Amounts
- Total Payments by Insurance & Patient
- Remaining Balance

**8. Financial Assistance Contact Information**