


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.



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

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:

Brown University Health
PO Box 411746
Boston, MA 02241-1746

Payment Due	Amount Due	Amount Enclosed
01/31/26	\$267.70	

STMT-0000000 Guarantor ID: 000000000

2 Guarantor Acct #: 000000000

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/Adjs	Patient Balance
6 Hospital Svcs: #7000000000 - Doe, John Emergency - Provider: Michael Smith, MD Morton Hospital Emergency Medicine				
09/01/25	Ekg/Ecg	191.09		
	Emergency Room	1,751.85		
	Laboratory	628.84		
	Peripheral Vascular Lab	662.13		
	Radiology - Diagnostic	235.73		
	Medicare Payments and Adjustments		-3,245.69	
	Coinsurance: 223.95			
	Totals	3,469.64	-3,245.69	223.95
7 Professional Svcs: #900000000- John Doe Outpatient Brown Health Medical Group Physical Therapy				
09/24/25	Physical Therapy Evaluation Low Complex 20 Mins	277.00		
	Medicare Payments and Adjustments		-257.72	
	Totals	277.00	-257.72	19.28
Professional Svcs: #9000000001 - John Doe Outpatient Brown Health Medical Group Gastroenterology				
08/27/25	Office/Outpatient Established Mod Mdm 30 Min	260.00		
	Medicare Payments and Adjustments		-235.53	
	Totals	260.00	-235.53	24.47
	Totals	537.00	-493.25	267.70
	Balance Due			267.70
	Payments received not yet applied		-24.47	-24.47

8 **Financial Assistance**
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 brownhealth.org/financial-assistance 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**