

**JOHNS HOPKINS HEALTH SYSTEM
PATIENT BILLING & FINANCIAL ASSISTANCE INFORMATION**

YOUR RIGHTS AND RESPONSIBILITIES:

We make every effort to see that your account is properly billed. You are responsible for making sure the insurance information provided to us is correct. However, we cannot guarantee payment from your insurance company. All unpaid charges on the statement will be your responsibility.

We provide a reasonable amount of our services for free, or at a reduced charge to eligible persons who cannot afford to pay for medical care. Financial Assistance eligibility is based upon documented family circumstances and family size. Additionally, to qualify for this assistance, all other sources of payment must be exhausted, including Medical Assistance. In certain circumstances, Medical Financial Hardship Assistance may also be available. Financial Assistance Eligibility applications can be obtained by contacting Customer Service between 8:30 AM to 4:30 PM, Monday through Friday, at the numbers listed below.

If you have any questions concerning this bill and charges for services rendered by our hospitals, please call our Customer Service office between 8:30 AM to 4:30 PM, Monday through Friday at 443-997-3370 or toll-free at 1-855-662-3017, or you may email us at the address listed below. Questions regarding your account should include your account number, patient name, date of service, statement date and insurance information.

Mail payments only to:

Johns Hopkins Health System
P.O. Box 417714
BOSTON, MA 02241-7714

Mail correspondence/insurance information directly to Customer Service:

Johns Hopkins Health System
3910 Keswick Road, Suite S-5100
Baltimore, MD 21211

For Patient Financial Services Customer Service email:

pfscs@jhmi.edu

For information concerning Maryland Medical Assistance Program contact your local Department of Social Services at 1-800-332-6347, TTY: 1-800-925-4434 or visit: www.dhr.state.md.us.

For information concerning DC Medical Assistance Program contact your local Department of Social Services at 1-202-727-5355, TTY: 711 or visit: <http://dhcf.dc.gov/service/medicaid>

Payment remitted by check will be applied from oldest to newest account billed on this statement. If you wish to direct your payment to a specific account or accounts, you must do so by paying on line at www.hopkinsmedicine.org or by calling Patient Financial Services Customer Service at 443-997-3370.

Any payment that is sent by check that is sent to Hopkins for less than the full balance due that is marked "Paid in Full" or contains similar notation, or that is otherwise sent in full satisfaction of a disputed amount must be sent to the correspondence address listed above.

If any checks are returned due to NSF (Non-Sufficient Funds) or stop payment, you will be charged the maximum fee permitted by law.

HOSPITAL STATEMENTS DO NOT INCLUDE PHYSICIAN FEES OR CHARGES:

This statement represents only those charges for services billed through our hospitals. Services rendered by your doctors are billed separately. Questions concerning physician fees must be directed to the physician's office at the phone number listed on the physician's bill.

CORRECTIONS OR CHANGE OF NAME, ADDRESS, OR HEALTH INSURANCE INFORMATION (Please Print)

Name Change:		New Street Address:				
City:		State:	Zip Code:	New Phone Number:		
Insured's Name:	Social Security:	Patient's DOB: / /		Relationship to Insured (circle one): Self Spouse Child Other		
Insurance Company Name and Address:		Policy Number:		Group Number:		
Effective Date:		Insurance Company Phone Number:				
Signed:		Date:	I authorize the release of medical information necessary to process this claim. I assign and authorize direct payment to Johns Hopkins Health System of any insurance or other benefits otherwise payable to me or the patient.			