

PATIENT NAME		MEDICAL RECORD NO.
AMOUNT DUE		MINIMUM DUE
DUE DATE	BILL DATE	AMOUNT ENCLOSED

WE ACCEPT         PLEASE SEE REVERSE SIDE FOR DETAILS

PATIENT NAME:

MEDICAL RECORD NO.:



IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

PLEASE COMPLETE THE APPROPRIATE SECTIONS AND RETURN IN THE ENCLOSED ENVELOPE AS SOON AS POSSIBLE.

CREDIT CARD PAYMENT / CHANGE ADDRESS		INSURANCE INFORMATION		SECONDARY INSURANCE INFORMATION	
<input type="checkbox"/> Discover <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> American Express CREDIT CARD NO: <input type="text"/> SECURITY CODE: <input type="text"/> (Required) CARDHOLDER SIGNATURE _____ EXP. DATE <input type="text"/> MY INFORMATION HAS CHANGED TO: NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ TELEPHONE _____		<b>MASSHEALTH</b> MassHealth Subscriber Number <input type="text"/> <b>MEDICARE</b> Medicare Number <input type="text"/> Retirement Date _____ Medex Number _____		<b>OTHER INSURANCE</b> Insurance Company Name and Address _____ Policy / ID Number _____ Pt's Relationship to Subsc. _____ Subscriber Name _____ Subscriber Employer _____ Employer City & State _____	
<b>ACCIDENT / WORK RELATED INJURY</b>					
Injury Date _____		Case No. _____		Insurance Carrier _____	
Employer Name _____				Employer Phone _____	
Employer Address _____				City _____ State _____ Zip Code _____	

**NOTICE OF AVAILABILITY OF FINANCIAL COUNSELING, DISCOUNTS, PAYMENT PLANS AND FREE CARE**

We offer financial counseling on federal, state, and private programs that may be able to help you with your medical bills.

[Sign up for a program.](#)

Our financial counselors will work with you to try to find a program that meets your needs. We can help Massachusetts residents sign up for a number of programs including Commonwealth Choice, Commonwealth Care, Massachusetts Medicaid (MassHealth), and Health Safety Net.

Some programs you may qualify for include:

- Discounts for patients with no insurance, or for medically necessary services not covered by their insurance.
- Medical hardship discounts for limited income patients with bills for urgent and emergency services.
- Payment plans for patients who need to pay their bills in installments.

These options are time sensitive, so please call Customer Service at the telephone numbers listed below as soon as possible.

**PLEASE CALL US IMMEDIATELY IF YOU THINK YOU WILL HAVE DIFFICULTY PAYING THIS BILL.**

**AVISO DE DISPONIBILIDAD DE: ASESORÍA FINANCIERA, DESCUENTOS, PLANES DE PAGO, Y ATENCIÓN MÉDICA GRATUITA**

Ofrecemos asesoría financiera sobre programas federales, estatales y privados para ayudarle con sus gastos médicos.

[Inscríbese en un programa:](#)

Nuestros asesores financieros le ayudarán a buscar un programa a la medida de sus necesidades. Si reside en Massachusetts podemos ayudarle con la inscripción de varios programas incluyendo: Commonwealth Choice, Commonwealth Care, Massachusetts Medicaid (MassHealth) y Health Safety Net.

[Entre los programas en los que tal vez pueda inscribirse están:](#)

- Descuentos para pacientes sin seguro; o descuentos en servicios médicos necesarios no cubiertos por su seguro.
- Descuentos en servicios para pacientes de pocos ingresos en apuros económicos con gastos por servicios médicos urgentes o de emergencia.
- Planes de pago para los que necesiten pagar a plazos.


Los plazos para acogerse a estas opciones son limitados, por favor llame cuanto antes al teléfono de Servicio al Cliente.

**POR FAVOR LLÁMENOS DE INMEDIATO SI PIENSA QUE SE LE HARÁ DIFÍCIL PAGAR ESTA CUENTA**

**CUSTOMER SERVICE – SERVICIO AL CLIENTE**

**Questions About Your Bill?  
Preguntas Sobre Su Cuenta?**

**MASSACHUSETTS GENERAL HOSPITAL**

 **E-Mail: CS.MGH@PARTNERS.ORG**

**Please call: Por favor llame: 617-726-4098**  
 Monday-Friday: Lunes-Viernes: 8:00 a.m. -4:30 p.m.  
 FAX: 617-724-9680

 **Send Correspondence to:** Envie Correspondencia a:  
 MASSACHUSETTS GENERAL HOSPITAL  
 P.O. Box 9693  
 Boston, MA 02114-9693

**BRIGHAM AND WOMEN'S HOSPITAL**

 **E-Mail: CS.BWH@PARTNERS.ORG**

**Please call: Por favor llame: 617-724-1914**  
 Monday-Friday: Lunes-Viernes: 8:00 a.m. -4:30 p.m.  
 FAX: 617-724-9680

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 BRIGHAM AND WOMEN'S HOSPITAL  
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 Boston, MA 02114-9693