Understanding Your Bill

Bill Title lets you know – whether the bill is a normal billing statement or a payment plan notice.

Bill Summary provides an overview of the statement's contents, including account information.

For an itemized list of charges, flip the bill over.

PO BOX 981006, BOSTON, MA 02298-1006 RETURN SERVICE REQUESTED Billing Statement

WITHAM

JOHN SMITH 123 Main Street BOSTON, MA 02298-1006

Bill Summary See following page(s) for itemized charges Guarantor Name: JOHN SMITH Guarantor Number GN0000002 Statement Date 09/09/2024 \$100.00 Total Charges: Adjustments: -\$20.00 Insurance Payments: -\$15.00 Patient Payments: \$0.00 Amount Due: \$65.00

This Account Is Due

Any insurance information provided has been billed. The balance is your patient responsibility. Please make your payment in full by **09/19/2024**.



Learn more about the following options on the back of this page, or visit www.witham.patientwallet.com

Payment Plans
Financial Assistance

Have Questions?

Reving With Check? Detach and return lower portion with payment

Thank you for choosing Witham for your healthcare needs.

 Visit:
 www.witham_org

 Call:
 765-485-8060

 Hours:
 Mon-Fri 8:00 am - 4:30 pm

Flip Page ightarrow

Amount Due shows your total patient responsibility for this statement and when it is due.

Ways to Pay lists your payment options. You can pay online at witham.patientwallet.com, pay over the phone 24/7 by calling 888-704-3468 and following the prompts, or pay via mail by following the instructions provided.

Questions regarding your bill can be answered by calling 765-485-8060.

Perforated Check Stub

makes mailing in check payments simple! Include this stub in the envelope with your check.



If paying by check, make payments to: WITHAM HEALTH SERVICES PO BOX 981006 BOSTON, MA 02298-1006

0877113363843351 0000205104

