

# How to Read Your Bill

FOR POST OFFICE USE ONLY  
Mercy  
PO Box 2580  
Springfield, MO 65801

Mercy+

Jane Doe  
123 TEST STREET  
CHESTERFIELD MO 63017

0030762522000100004691000000116006

If paying by credit card, check card using for payment		
CARD NUMBER	EXP DATE	
SIGNATURE	\$	
STATEMENT DATE	DUE DATE	AMOUNT DUE
05/25/21	06/22/21	116.00
	INVOICE NUMBER	ACCT NUMBER
	30762522	100004691

MAIL PAYMENT TO:

MERCY  
PO BOX 505557  
ST. LOUIS, MO 63150-5557

Mercy+

Invoice # 30762522      Amount Due: \$116.00

**Account Status**  
Thank you for choosing Mercy. Your Mercy balances now due are included on this bill. **Please pay the amount shown above by the due date.**

See the other side of this statement for details regarding your services. For assistance in reading your bill, please visit [mercy.net/BillFAQ](http://mercy.net/BillFAQ). If you have additional questions or need assistance, call Customer Service at 855-420-7900.

**You can pay your bill:**

- Online at [mercy.net](http://mercy.net); your MyMercy activation code is **ST25T-K7HC4-JB557**
- By mail, with check, credit card or money order
- By phone, **855.420.7900**. For 24/7 automated bill payment, Option 4; to talk to an account specialist Monday-Friday 7:30 a.m. to 8:00 p.m. Central Time, Option 0
- By using our Quickpay service at **Mercy.net/PayMyBill**
- To set up a 0% interest payment plan, call Mercy Customer Service at **855.420.7900**

**IMPORTANT**

If your address or insurance information has changed, please contact us at the number on the reverse side. If we do not have your current plan information, you will be responsible for all charges incurred.

Mercy does not discriminate against any person on the basis of race, color, national origin, disability or age in admission, treatment or participation with programs, services, activities or employment.

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**1 Payment Slip:** Includes your Mercy guarantor\* account number. Use this coupon section to return payment by mail. If you're paying by credit or debit card, select box for payment type and provide details. Write in the amount being paid directly above the amount due. Make note of the payment due date.

\*Guarantor is the person responsible for charges of others on their health insurance plan.

**2 Invoice Information:** Includes your current total amount due. Your invoice number will always start with either a 3, 5 or 6. Save this portion for your records.

**3 Account Status:** Details your current payment status and tells you what action is required (along with any additional notifications).

**4 Payment Options:** Mercy gives you multiple ways to pay your bills: mail, phone or **online**. We recommend setting up a **MyMercy** account. If you don't have one yet, we've made it easy for you by including an activation code. If needed, you can call the customer support number listed here to ask about setting up a 0% interest payment plan.



**Go Green:** Learn how to switch to **Paperless Billing** and you'll save both time and trees.

# How to Read Your Bill [cont.]

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## Contact Information

Any correspondence and all communications concerning a disputed debt, including any payment tendered as full satisfaction of debt, must be sent to the following address:

**Mercy Business Services**  
620 S Glenstone Avenue  
Springfield, MO 65802

## Insurance & Address Updates

Contact us if your address or insurance information (including group numbers) has changed. You may be responsible for all charges if we do not have current information.

- Online at [mymercy.net](http://mymercy.net)
- By phone at 855.420.7900

## Assistance Programs

Mercy offers financial assistance to patients for emergency and medically necessary services. Read more and download the application at [www.Mercy.net/charity](http://www.Mercy.net/charity)

If you are uninsured, call the Mercy Coverage Assistance Program at 844.764.6850

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Date	Description	Charges	Insurance Pmts/Adis	Patient Pmts/Adjs	Insurance Balance	Patient Balance
<b>a</b> Acct # 7000000000518 Paul J Trix - Mercy Clinic Primary Care Free Ferry						
10/08/18	Outpatient Visit	\$176.00		-\$77.00		
	Other Adjustments			-\$77.00		
	<b>Totals</b>	<b>\$176.00</b>		<b>-\$77.00</b>		<b>\$99.00</b>
<b>a</b> Acct # 7000000000519 Kenny J Trix - Mercy Clinic Primary Care Free Ferry						
10/08/18	Outpatient Visit	\$176.00		-\$77.00		
	Other Adjustments			-\$77.00		
	<b>Totals</b>	<b>\$176.00</b>		<b>-\$77.00</b>		<b>\$99.00</b>
<b>i</b> Balance Due						<b>\$198.00</b>

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**Contact Notifications:** Includes contact numbers for billing details or disputing a debt, payment assistance programs and ways to update your insurance contact information.

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**Service Details:** This section provides an itemized table of services, including:

- a Account #:** Relates to individual service along with patient name and location of service provider.
- b Date:** Details the date of services rendered.
- c Description:** A list of services provided.
- d Charges:** Divided by type of service provided and subtotaled. These amounts will be billed to any applicable insurance on file.
- e Insurance Payments/Adjustments:** Includes any payments or adjustments made directly to Mercy from your insurance provider(s).
- f Patient Payments/Adjustments:** Shows any payments or adjustments that have already been made by you or on your behalf.
- g Insurance Balance:** Lists what is yet to be paid by your insurance company.
- h Patient Balance:** This is the remaining amount you owe Mercy after all applicable adjustments have been subtracted from the amount charged.
- i Balance Due:** This is the total of all itemized patient balances due for this billing statement.