



# Monadnock COMMUNITY HOSPITAL

PO Box 746, Nashua, NH 03061  
(603) 924-4656

Monadnock Community Hospital Billing Services  
\*\*\*Online Bill Payment and Viewing\*\*\*  
www.mchbilling.com

User: 123456780 Password: 002946167

2946167  
DOE, JOHN  
2 LIBERTY WAY

ANYWHERE USA 12345

Here is your password

Here is your user name to pay on line

Here is the account number you will need to pay on line or to call with questions

FOR CREDIT CARD PAYMENT, PLEASE FILL OUT BELOW

|  |                |               |
|--|----------------|---------------|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                |               |
| Card Number  | 3 Digit Code   |               |
| Signature  |                | Exp Date      |
| Patient Name   | Statement Date | Due Date      |
| JOHN DOE   | 07/19/2013     | 08/18/2013    |
| Account Number   | AMOUNT DUE     | Amount Paying |
| 123456780  | \$93.00        |               |

PAYMENT TO:  NEW INFORMATION ON BACK -7.00

MONADNOCK COMMUNITY HOSPITAL  
PATIENT ACCOUNTS DEPARTMENT  
452 OLD STREET ROAD  
PETERBOROUGH, NH 03458

If you have Physician Services; you will see "Physician Health Services billing" here.

### CHARGE SUMMARY

|                         |        |
|-------------------------|--------|
| PHYSICIAN FEES          | 100.00 |
| EMERGENCY ROOM          | 200.00 |
| SELF ADMINISTERED DRUGS | 50.00  |
| LABORATORY SERVICES     | 150.00 |

Here is a summary list of your charges.

### ACCOUNT SUMMARY

|                                   |            |
|-----------------------------------|------------|
| PATIENT:                          | JOHN DOE   |
| SERVICE DATE:                     | 05/01/2013 |
| TOTAL CHARGES                     | \$500.00   |
| ANTHEM                            | 300.00     |
| MEDICARE PAYMENTS                 | 100.00     |
| -----                             |            |
| BALANCE                           | \$100.00   |
| DISCOUNT 7% IF PAID BY 08/18/2013 | -7.00      |
| -----                             |            |
| PLEASE PAY THIS AMOUNT            | \$93.00    |

Here is your account summary which shows any primary insurance payment, the total balance due and your 7% prompt pay discount if you pay within the first 30 days of receiving this statement

### INSURANCE INFORMATION

If you have any questions about your account, PLEASE GIVE US A CALL.

### QUESTIONS?

Did you know... You may now Pay Online, Ask Questions and Update your Insurance Information at [www.mchbilling.com](http://www.mchbilling.com)  
User: 123456780 Password: 002946167  
If you have questions concerning your account, please call us at 1-603-924-4656.

### A MESSAGE FROM MONADNOCK COMMUNITY HOSPITAL

Thank you for choosing Monadnock Community Hospital for your healthcare needs. We appreciate the opportunity to serve you. This statement is for Hospital Services Only. You may receive a separate bill from your physician's office for professional services. Itemized bills are available upon request. Please see information about our Financial Grant Program on the back of this statement.

Please note: this example statement is for Hospital Services. If you have Physician Services, you will receive a separate statement same format.