

JUP102.A54B43000009.J0MGUI.000001 000001



Account Summary

Patient Name	VXXXXXXXXXXX
Date of Service	03/24/2019
Account Number	12345678911
Total Charges	\$629.00
Insurance Payments/Adjustments	\$0.00
Adjusted Balance	\$129.21
Amount Paid By You	\$0.00
Amount You Owe	\$129.21

Please see reverse for summary detail.

Note: Physicians bill separately for professional services and are not included in your hospital bill. You can expect a separate statement for professional fees.

Insurance Information

If insurance below is not correct please contact us as soon as possible.

Insurer	Policy / ID #	Group #
SELF PAY - NO INSURANCE	#####0067	
No other insurance on file.		

Important Message

Thank you for choosing Jupiter Medical Center for your healthcare needs. This statement includes a summary of your account.

This statement reflects recent services provided to you at our hospital. Our records indicate you have no health insurance. If this is not correct, please call Customer Service at 561-263-4440, or use this form to provide your insurance information as soon as possible.

Payment and Contact Information



Pay Online using www.myjupitermed.com.

Statement Date:

Account Number: A1234567890

mm/dd/ccyy

Payment portal - a simple and secure way to:

- Pay your bill / submit billing inquiries
- Add/Change insurance information
- Choose a Payment Plan
- Access your personal health record



Mail Payment

Make checks payable to Jupiter Medical Center, please put account number on check.



Contact Us

For billing inquiries or payment by phone, call Account Services (800)393-1196, Monday-Friday, 8am-5pm.



Financial Assistance

Having trouble paying your bill? You may be eligible for financial assistance. For more information visit www.myjupitermed.com or call (561)263-4440. A Financial Counselor is available by appointment.



Jupiter, FL 33468-0997

Please make check payable to Jupiter Medical Center. Please include your account number on your check.

Enclose this payment stub with your payment.

Check box if you have updated address/insurance carrier information on reverse side.

PATIENT NAME	ACCOUNT NUMBER	AMOUNT DUE	AMOUNT ENCLOSED	METHOD OF PAYMENT
xxxxxxxx xxxxx	12345678911	\$129.21	\$	Check One: ☐ Payment Enclosed ☐ Charge (Complete below)
				Massercard DISCOVER DISCOVER DISCOVER
ILIDITED MEDI	CAL CENTED			Credit Card Number
JUPITER MEDICAL CENTER PO BOX 997 JUPITER FL 33468-0997		Credit Card Expiration Date 3 Digit Security Code (on back)		
իրեստեսել իկիլեկրել -գրգլիսեսեստերիցեկ կրոս լրի			Credit Card Holder's Signature	

Billed Charges

Total	\$629.00
Other Diagnostic Services	\$629.00

Patient Name: Account Number:

SAMPLE NAME A1908300002

For Your Information

Payment Policy

Payment in full is expected upon receipt of this statement.

Interested in a Monthly Payment Plan?

We partnered with AccessOne to offer patients affordable payment plans. The benefits include:

- 0% or low interest payment plan options
- Everyone is accepted, easy to enroll
- No credit reporting

Sign up online at www.myaccessone.com/jupiter or contact your provider for details.

There will be a fee charged for any returned check.

An Expert for Every Step of Your Journey Toward Wellness

When choosing a physician, experience and training matter.

Jupiter Medical Center is home to more than **575 experienced physicians** in **60 medical specialties** who offer expert care and compassion.

Find a physician. Call 561-263-5737 or visit jupitermed.com/physicians.

CHANGE OF ADDRESS OR HEALTH INSURANCE INFORMATION

XXXXXXXXX XX XXXX 12345678911

Please go to www.myjupitermed.com to provide us with current insurance or address information or complete the section below and send a copy of your insurance card.

PATIENT NAME(PRINT)	NEW ADDRESS	CITY	STATE ZIP CODE	NEW PHONE#
POLICY HOLDER'S NAME/RELATIONSHIP TO PATIENT		ID/CASE# GROUP#		
EFFECTIVE DATE	DOB OF INSURED		HMO/PPO/OTHER	INSURANCE PHONE#
IF GROUP INSURANCE, NAME OF GROUP (EMPLOYER, UNION/ASSOCIATION)			ON)	INSURANCE PHONE#
INSURANCE COMPANY NAME		INSURANCE ADDRESS		
EMPLOYER		EMPLOYER ADDRESS		



JUPITER MEDICAL CENTER

PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE POLICY

Availability of Financial Assistance

Jupiter Medical Center (JMC) has established a Financial Assistance Policy (FAP) to ensure a fair and equitable system for determining patient financial need. This is a summary of the policy.

Eligibility Requirements

To determine financial assistance eligibility at JMC, a patient's total annual household income will be compared to the most current Federal Poverty Guidelines (FPG). With certain restrictions, total annual household income less than or equal to 200% of FPG will entitle the patient to a 100% discount. Total annual household income over 200% but not greater than 400% of FPG will entitle the patient to an 80% discount from gross charges. The patient's responsibility will not exceed 25% of his/her total annual household income. Patients eligible for government funding programs generally will not qualify for financial assistance under the policy. No person eligible for financial assistance under the FAP will be charged more for emergency or other medically necessary care than amounts generally billed to individuals who have insurance covering such care. If an individual has sufficient insurance coverage or assets available to pay for care, he/she may be deemed ineligible for financial assistance.

How to Apply for Financial Assistance

Patients may apply for financial assistance by completing a FAP application form and submitting it to the JMC Customer Service Department at the contact information listed below. Financial counselors are available to assist patients in completing the application.

Where to Obtain Information

There are numerous ways to obtain assistance with or information about the FAP application process, or to obtain free copies of the FAP or FAP application form:

- Download the information online at www.jupitermed.com;
- Request the information in writing by mail or by visiting the JMC Customer Service Department at 1701 Military Trail, Suite 160B, Jupiter, FL 33458; or
- Request the information by telephone by calling the JMC Customer Service Department at (561) 263-7440.

Translation Assistance

The FAP, FAP application, and this plain language summary of the FAP are available in English and Spanish.