

**EMORY HEALTHCARE** EMORY PHYSICIANS GROUP  
PO BOX 102398  
Physician Group Practice ATLANTA, GA 30368-2398

**Physician Statement**

1 Billing questions: (404) 778-7318  
Toll Free: (800) 511-4443  
Hours of Operation: M-F 8:30 AM - 4:30 PM

2 Addressee  
JANE DOE  
1234 MAIN STREET  
ATLANTA, GA 30368

**Online Bill Pay**

A fast, secure way to manage your bill online.

3 emoryhealthcare.mysecurebill.com 4 5

Account Number	Due Date	Amount Due	Amount Paid
12345678	1/25/2099	\$251.00	\$

6 Please make checks payable and remit to:  
EMORY PHYSICIANS GROUP  
PO BOX 102398  
ATLANTA, GA 30368-2398

7 myEasyMatch Code: X-12345-6789-0123

Account Number	Patient Name	Statement Date	Due Date
12345678	JANE DOE	1/1/2099	1/25/2099

Date	Service Description	Charges	Payments/Adjustments	Patient Balance
<b>Messages</b>				
12	The following insurance is listed for your account: Primary - None Listed Secondary Insurance: - None Listed			
<b>YOUR BALANCE IS NOW DUE. IF YOU ARE UNABLE TO PAY THE BALANCE IN FULL PLEASE CONTACT US IMMEDIATELY FOR ASSISTANCE AT (404) 778-7318.</b>				
<b>Clinic Charges</b>				
13	12/15/2098 Encounter: 00000001 Provider: SPINDRIFT MD, EDWIN RADIOLOGIC EXAM CHEST 2 VIEWS	15 \$37.00	16	17 \$37.00
	<b>Balance Due</b>			
	12/15/2098 Encounter: 00000002 Provider: ECKLEBURG NP, T.J. E/M VISIT EMERGENCY DEPT	\$214.00		\$214.00
	<b>Balance Due</b>			

**Make Payment in Full**

1. Online: [emoryhealthcare.mysecurebill.com](http://emoryhealthcare.mysecurebill.com)

2. Payment by Phone: **404.778.7318**

3. Mail Payment Using Top Portion Above

**STATEMENT SUMMARY**

Total Charges .....\$251.00  
Payments/Adjustments .....\$0.00

**AMOUNT DUE: \$251.00**

1 Billing Customer Service contact information.

2 Guarantor: Person responsible for the bill.

3 Account Number: Your personal patient number. Please reference this number when calling or writing to us about your account. Please write this number on your check when making payments by mail.

4 Due Date: Payment due by this date.

5 Amount Due: Total amount due at this time.

6 Payment Address: Location where all payment remittance should be mailed.

7 myEasyMatch® Code: For quick payment access online.

8 Account Number

9 Patient Name: The name of the person who received services.

10 Statement Date: The day this statement was printed.

11 Due Date: Payment due by this date. *If you are unable to pay the balance in full by this date, please contact us immediately for assistance at 404-778-7318.*

12 Message Center: Where Emory communicates changes impacting your account and insurance coverages you selected.

13 Date of Service: The date service was provided in our facility.

17 Patient Balance: Your remaining responsibility after insurance payments and adjustments.

14 Services Description: The doctor and department name that provided the services and the service that was provided.

18 Payment Options: Web address for online payments, payments by phone and pay by mail instructions.

15 Charges: Fee charged for the service provided.

19 Amount Due: Total amount due at this time.

16 Payments and Adjustments: The amount of payments and reductions your insurance company provided.

For questions, please call  
**404-778-7318** or **800-511-4443**.

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M-F 8:30 a.m. - 4:30 p.m.

Online payments:  
[emoryhealthcare.mysecurebill.com](http://emoryhealthcare.mysecurebill.com)