

Statement date: 10/3/2023
 Responsible Party: Patient Name
 Patient ID: 36709
Due Date: **Upon Receipt**

REQUEST FOR PAYMENT

Account Summary (All Accounts)

Total Charges \$ 7,068.45
Total Adjustments - \$ 3,534.23
Total Payments \$ 0.00

AMOUNT YOU OWE **\$ 3,534.22**

Your prompt payment is appreciated!

Insurance Information

Please review your insurance information on the following pages. If there is a change, please visit us immediately at IONetwork.billbridge.com to provide updated information or call customer service at (615) 205-2042 .

Si necesita atención en español por favor comuníquese con nuestro departamento de servicio al cliente al (615) 205-2042.

Important Message

Thank you for choosing Integrated Oncology Network & partners for your healthcare needs! Your total balance is currently due and is listed in the Account Summary, starting on page three, of this statement.

Please contact us at (615) 205-2042 with any questions and to review your payment options.

Payment and Other Information



To pay online, visit ionetwork.billbridge.com




In addition to online, other payment methods include mail and over the phone. Please see the details below.



If you need to speak with Customer Service please call (615) 205-2042, Monday - Friday 8:00 am - 8:00 pm ET, or email us at IONBilling@ionetwork.com

Extended Payment Plans



We have partnered with Medfinancial to offer ION patients extended repayment options!
 Visit the second page of this statement for more information on extending your medical repayment.
Call Medfinancial at 855.729.6339 to learn more!

Pay by Mail **36709**

Amount Due	Due Date	Amount Paid
\$ 3,534.22	Upon Receipt	\$

Credit Card Number	Exp. Date	Circle Card
Credit Card Holder's Signature	CVV Code	   



Need More Time to Pay?

ION & cCARE are pleased to offer extended payment plans to all patients through our partner, Medfinancial.

Medfinancial's *We Care*® Patient Payment program allows our patients to finance unexpected healthcare costs and extend their repayment period for up to 24 months! The *We Care*® program covers all patients regardless of balance or credit history - and they never report to credit bureaus. Their customized payment options offer many benefits including:

- **Interest-free**
- *No credit reporting*
- **Everyone is accepted**
- *No hidden fees or prepayment penalties*
- *Convenient payment methods: online, phone, check, auto pay*
- **Add any future balance to your existing *We Care*® account**
- *Consolidated statements & plans that include other medical bills and family members*



To learn more and enroll, contact a Medfinancial representative at 855-729-6339, Monday through Thursday, 8:00 a.m. - 7:00 p.m. ET, and 8:00 a.m. - 6:00 p.m. ET on Friday.

CHANGE OF ADDRESS OR HEALTH INSURANCE INFORMATION

If you have new health insurance or a new address, please enter the information below.

36709

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

Patient Name: Patient Name **Account Number:** XXXXXXXXXXXX **Date(s) of Service:** 09/24/2023

Location:	Facility Name	Account Summary	Amount
Provider Name:	Doctor Name, MD		
Insurance 1:	Medicare	Total Charges	\$ 7,068.45
Insurance 2:	None on File	Total Adjustments	- \$ 3,534.23
Please verify that your insurance information is correct.		Total Payments	\$ 0.00
Recent Activity			
9/24/23	Total Charges	\$7,068.45	
10/2/23	Total Adjustments	- \$3,534.23	
Your self-pay balance is due and payable upon receipt		AMOUNT YOU OWE	\$ 3,534.22

Due Date	AMOUNT YOU OWE
Upon Receipt	\$ 3,534.22