



New and Improved Billing Statements

JUNE 2021



Southwell is always seeking ways to enhance the patient billing experience. Our goal is to make billing more understandable and the transaction process more convenient.

As such, Southwell is moving to a new billing statement as of June 15, 2021.

We also have a new and improved online bill pay option available at www.MySouthwell.com/pay.



This document serves as a guide to reading and understanding our new billing statement.

Have questions? Please call us at 229-520-3320.

The new billing statement and online bill pay option includes Tift Regional Medical Center, Southwell Medical, and all affiliated clinics and outpatient centers except for our Valdosta/Lowndes County clinics under Southwell Ambulatory, Inc. To reach the online bill pay option for Southwell Ambulatory, Inc. clinics, visit www.QuickPayPortal.com.

Page 1 of the New Billing Statement

A summary of
your patient
account

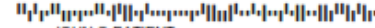
Available
payment plans

Pay by check
option



Electronic Service Requested

4534000001 <834>



JOHN Q PATIENT
123 MAIN STREET
ANYTOWN, USA 12345-6789

Account Summary Patient Account #: 1234567

Statement Date	07/31/2021
Total Patient Balance	\$1,658.02
Payment Plan Amount Due	\$775.00
Amount Due Not On Payment Plan	\$883.02
Total Amount Due	\$1,658.02
Payment Due Date Upon Receipt	

Payment Options

Pay in Full **\$1,658.02** OR Payment Plan **\$100.00**
for 6 months

View All Options: mysouthwell.com/pay

Payment Methods



Pay online today
mysouthwell.com/pay
Your Patient Account #: 123456789



Pay by phone 24 hours a day
(229) 555-1234

Important Messages

Southwell has not received payment; your account will now be reviewed for placement with our collection agency. To avoid any further action please contact our business office.

Contact Us

(229) 520-3320

Hours of operation:
Monday - Friday 8:00 am to 4:30 pm EST

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Southwell

Southwell facilities include: Tift Regional Medical Center, Southwell Medical, Southwell Health and Rehabilitation, and Primary Care, Rural Health and Specialty Clinics, including, but not limited to, Southwell Medical Clinic, Georgia Sports Medicine, South Georgia Surgical, Tift Regional Urology, Affinity Pediatrics, and Affinity Physicians for Women.

Please visit www.mysouthwell.com for more information.

Southwell utilizes a
bank lockbox to
safeguard payment
receipts and processing

Still prefer mailing a check?

Please make check payable to **Southwell** and be sure to include your **Patient Account #** number on your check.

Amount Due	Patient Account #	Guarantor Name
\$1,658.02	123456	John Patient

☐ Check here for change of address (see reverse)

SOUTHWELL
PO BOX 71459
PHILADELPHIA PA 19176-1459
1234567890000001234567890000000

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Total amount
due

Online bill pay
and pay-by-
phone options.
Most credit cards
and debit cards
are accepted.

Contact
information for
your questions

Page 2 of the New Billing Statement

On page 2, you
will see payment
options, required
notices, and
financial
assistance
information.

Thank you for choosing Southwell as your healthcare provider. Your health insurance has paid its portion of your bill, and the remainder is your responsibility. If you believe this amount is incorrect, please contact our Billing Department at (229) 520-3320 immediately. Please note that you are responsible for any deductible, co-insurance, co-payment, or exclusions outlined by your health insurance plan.

Payment Options

Southwell is committed to working with you to resolve your balance. Please review the following payment options to help satisfy your financial obligation as quickly as possible.

- Payment can be made in full by check, credit card, money order, or Health Savings Account.
- A payment arrangement can be set-up in accordance with Southwell's policy. Visit our patient portal at xxxxxxx or contact our Business Office at (229) 520-3320.

Physician Billing

You may also receive billing statements from independent providers who have contributed to your care. Physician services that will be billed separately include, but are not limited to: Radiologist and Non-Employed Providers of Southwell. We are unable to assist you with billing for these providers. Please contact their office directly with questions.

Uninsured Patients

The Uninsured Discount Policy provides financial assistance for uninsured patients who are not eligible for insurance coverage. Patients will receive a discount of 13% of the total charges billed. Patient balances resulting from non-covered services, excluding elective cosmetic procedures, are eligible for the uninsured discount.

Financial Assistance

Southwell offers assistance to uninsured and underinsured patients. To apply for Medicaid or other government programs please contact MedAssist at (229) 353-3824 to determine if you qualify.

If it is determined that you do not qualify through MedAssist, you may apply for financial assistance through our Indigent/Charity Care Program. Please contact a Financial Counselor at (229) 353-6124 option 2, to request an application or by visiting our website at mysouthwell.com/financial-assistance

Change of Address or Health Insurance Information

Change of Address

Name (Last, First, Middle Initial)	Address		
City	State	Zip	Telephone

Insurance Updates

Insurance Type: (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Secondary			
Primary Policy Holder Name			
Primary Insurance Name		Effective Date	
Primary Insurance Street Address			
City	State	Zip	Telephone
Employer Name		Group Number	
Subscriber ID #		Policy Holder's Date of Birth	

Pay Online Today

mysouthwell.com/pay



We encourage
online bill pay, as
this is the quickest
and most efficient
means of payment
processing.

A change of
address and
health insurance
information stub
are included at
the bottom.

Page 3 of the New Billing Statement

The information included on this page includes all accounts that are not currently on a payment plan. We separate physician services and hospital services.

The detail includes the patient name, location of visit, and provider professional fees.

Charges are summarized by a special grouping for easier interpretation of the services included.



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Patient Account # 100000000091
Name on Account John Patient
Statement Date 06/30/2021

Primary Insurance ABC Insurance
Secondary Insurance XYZ Insurance

Accounts Not On Payment Plan

	Description	Charges for Service	Insurance Payment/ Adjustment	Patient Payment/ Adjustment	Patient Responsibility
Physician Services					
Visit #: 1004000	Patient Name: Jane Patient Status: Final Notice	Location: Best Clinic North	Provider: Dr. McDreamy, MD		
1/1/20	THREAPY	\$1,200.00			
	Patient Payments			-\$50.00	
	Account Subtotals	\$1,200.00	\$0.00	-\$50.00	\$1,150.00
	Important Information: This account is not on a payment plan.				
Hospital Services					
Visit #: 1005000	Patient Name: Lisa Patient Status: Past Due	Location: Main Medical			
7/3/20	CARDIOLOGY	\$200.00			
	Patient Payments			-\$50.00	
	Account Subtotals	\$200.00	\$0.00	-\$50.00	\$150.00
	Important Information: This account is not on a payment plan.				
	Account (Non-Pay Plan) Totals	\$1,400.00	\$0.00	-\$100.00	\$1,300.00

CONTINUED ON NEXT PAGE

**Page 4 of the
New Billing
Statement**

*This page includes the
same information as
the prior page, but
includes only the
accounts on a
payment plan.*



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Patient Account # 100000000091
Name on Account John Patient
Statement Date 06/30/2021

Guarantor Primary Insurance ABC Insurance
Guarantor Secondary Insurance XYZ Insurance

Accounts On Payment Plan

	Description	Charges for Service	Insurance Payment/ Adjustment	Patient Payment/ Adjustment	Patient Responsibility
Physician Services					
Visit #: 1004000	Patient Name: Jane Patient Status: Good Standing	Location: Best Clinic South		Provider: Susan M. Doe, MD	
2/13/21	IVF	\$7,500.00			
	Patient Payments			-\$50.00	
	Account Subtotals	\$7,500.00	\$0.00	-\$50.00	\$7,450.00
Hospital Services					
Visit #: 1005000	Patient Name: John Patient Status: Good Standing	Location: Regional Medical Center			
1/15/21	Emergency Room	\$500.00			
	Account Subtotals	\$500.00	\$0.00	\$0.00	\$500.00
	Account (Pay Plan) Totals	\$8,000.00	\$0.00	-\$50.00	\$7,950.00

Pay Plan Amount Due **\$150.00**