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Statement Date: 6/27/2019
Patient Name: Michelle Welliver
TO MAKE A PAYMENT:

1. **Online** through your www.mylvhn.org account
2. Anytime by **phone** at 484-884-1300 or 844-884-1300 .
3. By **mail** as shown below.

Dear Michelle Welliver,

Lehigh Valley Health Network sincerely appreciates your selection of our network for your medical needs.

If you have insurance, the patient amount includes deductible, coinsurance, and/or co-pay assigned by your insurance company as your responsibility. Please contact your insurance company if you have questions on why you have a balance after their review of your claim.

If you have a financial hardship or are uninsured, you may qualify for various financial assistance or payment programs that we would be happy to discuss with you. You may reach us at 484-884-1300.


Visit our website at www.lvhn.org and select option MYLVHN to pay your bill online OR Email us at MYLVHN for questions.

Primary Insurance: Tricare East
Secondary Insurance:

Previous Balance	Services Since Last Statement	Total Balance
\$0.00	\$20.00	\$20.00

Date	Service	Total Charges	Insurance Contractual Adjustment	Insurance Payments	Patient Payments/ Discounts	Patient Amount Due
Physician Services						
Acct #: 619680836	ACCOUNT SUB-TOTAL	\$205.00	\$121.30	\$63.70	\$0.00	\$20.00
5/31/2019	LISIEWSKI - OFFIC/OUTPT VISIT E&M EST MOD-HI	\$205.00				
5/31/2019	LISIEWSKI - Scr dep neg, no plan reqd	\$0.00				
	PHYSICIAN SUB-TOTAL	\$205.00	\$121.30	\$63.70	\$0.00	\$20.00

Customer Service Hours: M-F from 7:30am-4:30pm

 **Make a payment 24 hrs a day, 7 days a week at www.mylvhn.org or by phone at 484-884-1300 or 844-884-1300 .**

LEHIGH VALLEY HEALTH NETWORK
 PO BOX 4120
 ALLENTOWN, PA 18105-4120

Please check box if below address is incorrect or insurance information has changed, and indicate change(s) on the reverse side.
 Favor de marcar el cuadro si la dirección de abajo esta incorrecta o la información a cambiado e indique los cambios en el lado opuesto de la hoja.



MICHELLE WELLIVER
 1065 HUNTINGTON RD
 QUAKERTOWN, PA 18951-5054

IF PAYING BY MASTERCARD, DISCOVER, VISA, OR AMERICAN EXPRESS, PLEASE FILL OUT BELOW.			
CHECK CARD USING FOR PAYMENT			
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMEX	<input type="checkbox"/> VISA
CARD NUMBER		EXP. DATE	
SIGNATURE			
GUARANTOR ACCT #	STATEMENT DATE	DUE DATE	AMOUNT DUE NOW
248108	6/27/2019	7/18/2019	\$20.00
GUARANTOR Michelle Welliver			\$ AMOUNT ENCLOSED

Pay To:

LEHIGH VALLEY HEALTH NETWORK
 PO BOX 781733
 PHILADELPHIA, PA 19178-1733