

About Our Services

Patient Financial Services is made up of several departments: Admitting and Registration as well as the Patient Business Office, which is responsible for all billing and collections.

We have opened a patient account in your name where we will record all financial transactions related to your care. If you have given us insurance information, we will submit a claim on your behalf and will keep you informed of the outcome. Note that most doctors are independent practitioners and are not hospital employees or agents. They will bill you and/or your insurance company separately.

If you have questions or concerns, please call the Customer Service phone number on your billing statement. For your convenience, it is also listed on the back of this brochure.

Financial Assistance Policy

Adventist Health provides discounts to eligible low-income patients. If you can't pay part of your bill, please contact our Customer Service Department. We will review your financial situation to determine if you are eligible for financial assistance.

How To Reach Us

If you have a question about your bill, please contact our Customer Service Department.

Phone: (509) 527-8220 or
(509) 527-8214

Fax: (509) 527-8159

Our Mission

Restoring Peace...

Restoring Hope...

Restoring Health...

To do this as Christ did

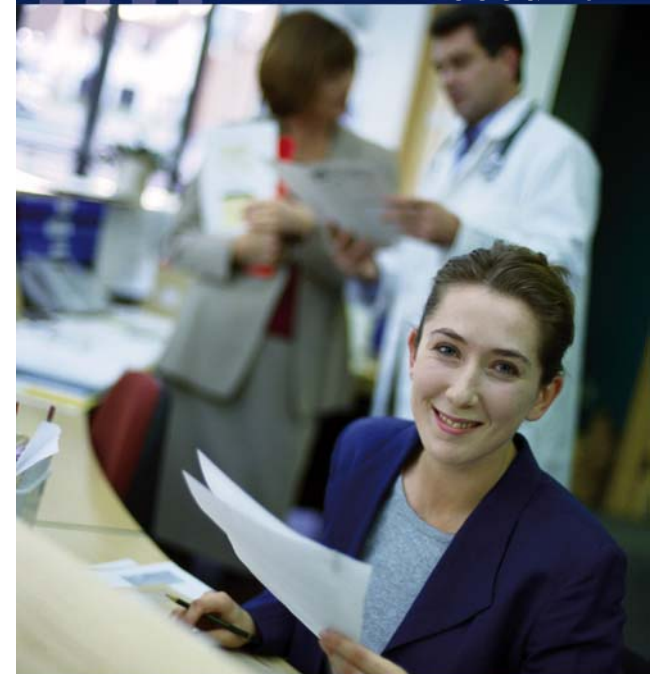
This is our mission.



Walla Walla General Hospital

1025 South Second Ave.
Walla Walla, WA 99362

Your Patient Account



We know you're here to get better.

Patient Financial Services is here to make the billing process as painless as possible.

Understanding Your Statement

To help you read your bill, a sample statement is pictured at the right.

Please pay close attention to the "Important Message" box. Our Patient Business Office may use it to provide information or ask you to:

- Contact your insurance company
- Apply for financial assistance
- Contact our billing office
- Make a payment

If you have health insurance, we will bill your health plan and send you a statement. You should only pay your deductible and co-insurance at this time. Once your insurance company has processed your claim, we will send you another statement. You must then pay any unpaid balance.

If you do not have insurance, the first statement you receive is your bill.

Full payment is due when you receive a bill requesting payment. If you need to make other financial arrangements, please call our Customer Service Department.

Paying Your Bill

Our financial counselors can help you figure out your insurance coverage, apply for government aid or make payment arrangements.

We also are happy to provide you with an itemized billing statement. Translation services are available upon request.

We accept VISA, MasterCard, Discover and American Express. We also can arrange short-term payment plans as needed.

This IMPORTANT MESSAGE will tell you if your statement is for information only or if payment is due.

Adventist Health
 ANY ADVENTIST HOSPITAL
 PO BOX 9900
 ANY TOWN, CA 99999-9900

STATEMENT
IMPORTANT MESSAGES
 VARIOUS MESSAGES WILL APPEAR HERE.
 ADVENTIST HEALTH PROVIDES DISCOUNTS TO ELIGIBLE LOW-INCOME PATIENTS. IF YOU CAN'T PAY PART OF YOUR BILL, PLEASE CONTACT OUR CUSTOMER SERVICE DEPARTMENT. WE WILL REVIEW YOUR FINANCIAL SITUATION TO DETERMINE IF YOU ARE ELIGIBLE FOR FINANCIAL ASSISTANCE.

For Customer Service Please Call: _____
 ADDRESSEE: _____
 LAST NAME, HER NAME
 1234 ANY STREET
 ANY TOWN, CA 99999

STATEMENT DATE:		ACCOUNT BALANCE:
03/09/04		358.69
TYPE OF SERVICE:		ACCOUNT NO.:
DAY SURGERY/SURGICAL		123456-1
AMOUNT		

DATE	PATIENT NAME:	DESCRIPTION
	LAST NAME, HER NAME	

INSURANCE INFORMATION		POLICY NUMBER	POLICY HOLDER	DATE BILLED
BLUE CROSS SHEET METAL WORKERS LO-		****456789 ****9871234	LAST NAME, HER NAME LAST NAME, HIS NAME	01/15/04 02/06/04

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT
 IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW:
 CHECK CARD USING FOR PAYMENT
 MASTERCARD DISCOVER VISA AMERICAN EXPRESS
 CARD NUMBER _____ AMOUNT _____
 SIGNATURE _____ EXP. DATE _____
 ACCOUNT BALANCE \$358.69 \$ AMOUNT PAID

Adventist Health
 THANK YOU FOR CHOOSING ANY ADVENTIST HOSPITAL. WE CONSIDER IT A PRIVILEGE TO SERVE.
 MAKE CHECKS PAYABLE TO: _____
 ANY ADVENTIST HOSPITAL
 PO BOX 9900
 ANY TOWN, CA 99999-9900

Call this number if you have any questions about your account.

These are the insurance plans we have on file for you. They will be billed in this order.