**Smart medicine**

The Brody School of Medicine
Greenville, NC

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**ECU PHYSICIANS**

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**Patient Statement**

**Statement Date**
**Account#**
**Pay This Amount**
**Amount Enclosed:**

**Person that received services**
**Date bill generated**
**Number ID for Account**
**Owed by Patient**
**Amount you're paying**

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**See Reverse Side**

**Address or Insurance Change: Check here and complete reverse side**

**Please Make Checks Payable To:**
ECU Physicians

**Mail To:**
ECU Billing Services
P.O. Box 602000
Charlotte, NC 28260-2000

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**Account #:** Number ID for Account

**Name of Patient:** Person that received services

**Total Patient Payments:** Amount paid toward services

**Total Patient Balance:** Same as "Pay This Amount" Above

**Charges Pending Insurance:**

**Primary Insurance**

**Secondary Insurance:** 2nd insurance on file for patient to be filed after MAIN Insurance

**Only/Main Insurance on File for Patient**

**Other Insurance:** Any Changes Should be Made on BACK of this Form

**See upper coupon for important information regarding insurance changes.**

**Important Messages Regarding Your Account:**

**Website and Phone Numbers for Any Questions on Account**

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**PLEASE REMIT PAYMENT IN FULL TO ASSURE YOUR ACCOUNT DOES NOT BECOME PAST DUE AND TO AVOID OUTSIDE COLLECTION ACTIVITY. You MAY VISIT OUR WEBSITE AT WWW.ECU.EDU/ECUPHYSICIANS TO PAY YOUR BILL ONLINE OR TO SUBMIT A FINANCIAL ASSISTANCE APPLICATION. YOU MAY ALSO CALL 252-744-2128 OR 1-866-277-7024 MON-FRI FROM 8AM-5PM WITH QUESTIONS CONCERNING YOUR ACCOUNT.**

**THIS STATEMENT DOES NOT INCLUDE ANY HOSPITAL OR OUTSIDE LAB. (ECU Bill ONLY. Vidant, Labs, Anesthesia, etc. will all be billed separately.)**

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**Date of Service**
**Date(s) Services Performed**
**Date(s) Payments Posted**

**Description**
This field shows the following:
- Payment (could be insurance or patient)
- Brief description of service(s) provided

**Charge**
Amount billed for service(s) provided

**Payment & Credits**
Amount of Self-pay or Insurance Payments Already Made to the Account

**Patient Balance**
Amount owed AFTER all payments & Credits have been applied

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**Total Patient Payments**
$0

**Total Patient Balance**
$0

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Page 1 of 2
TO PAY BY CREDIT CARD please complete the following:  

<table>
<thead>
<tr>
<th>Card Number</th>
<th>Expiration Date</th>
<th>Amount</th>
<th>Signature of Card Holder</th>
</tr>
</thead>
</table>

CHECK ONE: ( ) VISA   ( ) MASTERCARD

IF YOUR ADDRESS HAS CHANGED

If your insurance has changed

<table>
<thead>
<tr>
<th>New Insurance Company Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policyholder</td>
<td>Group#</td>
<td>Policy#</td>
<td>Effective Date</td>
<td></td>
</tr>
</tbody>
</table>

I HEREBY ASSIGN BENEFITS TO ECU PHYSICIANS AND AUTHORIZE THE RELEASE OF NECESSARY MEDICAL INFORMATION TO PROCESS CLAIMS.

Signature of Patient, Parent or Guardian ____________________

ECU PHYSICIANS PAYMENT POLICY

PATIENT DUE BALANCE

- **YOUR PAYMENT IS DUE UPON RECEIPT OF THIS STATEMENT.** Failure to remit payment in full may result in the placement of any unpaid balance with an outside collection agency. The North Carolina Department of Revenue may be notified to withhold all or portion of your income tax refund toward satisfaction of this debt. If you are unable to remit payment in full, please contact one of our patient representatives immediately at (252)-744-2128 or 866-277-7024. They are available to answer any questions you have regarding your account, assist you in determining eligibility for special programs, or answer any other financial questions.

- **This bill is for ECU Physician provider services only.** This does not include any hospital or outside lab charges.

- Returned check fee is $25.00.

- Please retain for income tax purposes.

MEDICARE/MEDICAID/BLUE CROSS-BLUE SHIELD/STATE HEALTH PLAN/TRICARE

- ECU PHYSICIANS accepts assignment when filing your claims. This means the insurance carrier will send the payment directly to us.

- As participants in these programs, we will credit your account for the difference between the cost of services and the amount allowed by your insurance carrier.

- You are responsible for payment of the difference between the amount approved and the amount paid by the carrier, as well as any deductibles, spend down, co-payments or non-covered services. These amounts may be estimated and collected at the time of service.

COMMERCIAL INSURANCE

- If you have provided us with your insurance policy information, as a service we will file claims on your behalf. While we will assist in processing your claim, payment for services is ultimately your responsibility. We must look to you for payment in full if no response is received from your carrier within 45 days of filing the claim.

MANAGED CARE PLANS (HMOs, PPOs)

- ECU PHYSICIANS participates in these special programs known as HMO's or PPO's. Please be sure that you are seen by your primary care provider or have an authorization from your primary care provider to see another physician in our practice. You may be responsible for all or part of any services received without authorization. You will be responsible for any co-payments.

Si Usted necesita asistencia con sus cuentas de cobro favor de llamar a la oficina de interpretes al telefono 252-744-3664.