

NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM
FINANCIAL ASSISTANCE UNIT
P.O. Box 9001
Melville, NY 11747-9001
1-800-995-5727

September 3, 2014

ERICA [REDACTED]
[REDACTED]
WEST BABYLON, NY 11704

35%
MEDICAL
BILL

Re: Financial Assistance Application

Total Charges:	\$543.76
Financial Assistance Reduction:	\$353.44
YOUR ADJUSTED RESPONSIBILITY:	\$190.32

Dear ERICA [REDACTED]

We are pleased to advise you that after a full review of your Financial Assistance application and documentation, you have been approved for financial assistance in the amount shown above. After applying your fee reduction, you are responsible for \$190.32. Enclosed is an account breakdown of your responsibility.

We are requesting that you forward your payment in the amount of \$190.32, payable to:

NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM
FINANCIAL ASSISTANCE UNIT
P.O. Box 9001
Melville, NY 11747-9001
1-800-995-5727

within thirty (30) days. Please include the enclosed breakdown with your payment. If you are unable to make full payment, kindly call the Customer Service Unit at (888)214-4065 to set up a payment plan for your financial obligation.

Please understand that you are responsible for the amount shown and will be subject to the normal billing and collection policies of the Health System.

Very truly yours,

Financial Assistance Unit

ltr#86