

Patient Portal: Interpreting the Billing Statement

You can access Billing Statements in the Patient Portal. See the information below on how to read and interpret your Billing Statements.

Interpreting the Billing Statement:

1. Online Statements are available in the Bills section of the Patient Portal. The current statement will display first. You can click on View Past Statements to access previous Billing Statements.

Current Statements		
Statement Date 10/09/2023	Due \$23.00	View Statement
Past Statements		
Statement Date 08/28/2023	Due \$23.00	View Statement
Statement Date 06/19/2023	Due \$23.00	View Statement
Statement Date 05/08/2023	Due \$23.00	View Statement

To open a statement, the click on the View Statement button next to the desired statement.

2. The billing statement will show:

- Statement Date
- Amount Due
- Account Number

LIFESTANCE HEALTH
PO BOX 675400
DETROIT, MI 48267-5400
Phone #: (253) 254-5913

Statement

Statement Date	Payment Due	Account #
July 7, 2024	\$140.00	14537414
Check #	Show Amount Paid Here	\$

Addressee: _____ **Please Remit To:** _____

- Responsible Party → SUSAN JONES
- Payment Address → 1234 MAIN STREET
PHOENIX, AZ 85054

LIFESTANCE HEALTH
PO BOX 675400
DETROIT, MI 48267-5400

Please detach and return top portion with your payment

- Messages from the RCM Team
- Charges and Payments since the last billing statement
- Specific Patient/Provider attached to charges
- Insurance and Patient Balances for each charge
- Total Insurance and Patient/Family Balances with age of balance.
- Unapplied Payments (payments made but not yet applied to a specific charge)

Messages						
The amount shown is your responsibility. Please pay the balance via the patient portal. Payments can be made online via the patient portal or by calling your local office						
Date	Procedure	Patient / Provider	Amount			
06/19/2024	90791-MS PSYCHIATRIC DIAGNOSTIC EVALUATION	JONES,SUSAN / SULLIVAN	\$290.00			
	Insurance Pending: \$255.00	Patient Balance: \$35.00				
07/03/2024	90834-MS INDIVIDUAL PSYCHOTHERAPY (38-52 MIN)	JONES,SUSAN / SULLIVAN	\$190.00			
	Insurance Pending: \$155.00	Patient Balance: \$35.00				
06/19/2024	90791-MS PSYCHIATRIC DIAGNOSTIC EVALUATION	JONES,TYLER / SULLIVAN	\$290.00			
	Insurance Pending: \$255.00	Patient Balance: \$35.00				
07/03/2024	90834-MS INDIVIDUAL PSYCHOTHERAPY (38-52 MIN)	JONES,TYLER / SULLIVAN	\$190.00			
	Insurance Pending: \$155.00	Patient Balance: \$35.00				
	Current	30 Day	60 Day	90 Day	120 Day	Total Balance
Insurance:	\$820.00	\$0.00	\$0.00	\$0.00	\$0.00	\$820.00
Family:	\$140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$140.00
Unapplied:						\$0.00

- Remittance Info

For any questions regarding your Billing Statement, please contact the Billing Solutions Center or the local office.

Please Remit Top Portion To:**LIFESTANCE HEALTH**

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Responsible Party	Statement Date	Account #
SUSAN JONES	July 7, 2024	14537414

Page 1