


Understanding Your New Statement

Redesigned with you in mind

At Integrated Oncology Network (ION), we truly care about your patient experience. This includes your statement and the charges associated with the medical care you received at our facilities. Below you will find a description of changes to your new statement format. We appreciate your patience as we improve our billing processes.



Page 1 of 3

Statement date: 4/4/2023

Responsible Party: Example

Patient ID: 5210

Due Date: Upon Receipt

REQUEST FOR PAYMENT

Account Summary (All Accounts)

Total Charges	\$ 632.22
Total Adjustments	- \$ 393.94
Total Payments	- \$ 208.28
AMOUNT YOU OWE	\$ 30.00

Your prompt payment is appreciated!

Important Message

Thank you for choosing Integrated Oncology Network & partners for your healthcare needs. Your total balance is currently due and is listed in the Account Summary of this statement. Please contact us at (615) 205-2042 with any questions and to review your payment options.

Insurance Information

Please review the insurance information on the following pages. If there is a change, please visit us immediately at ionetwork.billbridge.com to update it or call customer service at (615) 205-2042.

Si necesita atención en español por favor comuníquese con nuestro departamento de servicio al cliente al (615) 205-2042.

Extended Payment Plans

We have partnered with Medfinancial to offer our patients interest-free extended repayment options! Visit the second page of this statement for more information on extending your medical repayment. Call Medfinancial at 855.729.6339 to sign up today!

Payment and Other Information

To pay online, visit ionetwork.billbridge.com

In addition to online, other payment methods include mail and over the phone. Please see the details below.

If you need to speak with Customer Service please call (615) 205-2042, Monday - Friday 8:00am ET - 8:00pm ET, or email us at ionbilling@ionetwork.com

Pay by Mail 1052430

Amount Due	Due Date	Amount Paid
\$ 30.00	Upon Receipt	\$

Credit Card Number	Exp. Date	Circle Card
Credit Card Holder's Signature	CVV Code	VISA, AMEX, DISCOVER

Integrated Oncology NETWORK
Billing Support Services

PO Box 32489
Knoxville, TN 37930-2489

ION77C 4425087 485146423
Example
123 St.
City, ST ZIP

Integrated Oncology Network
104 Woodmont Blvd Ste 102
Nashville, TN 37205

Front of Statement (pg.1)

- 1 This section includes information about the patient, when the statement is due and when your statement was issued. Your Patient ID is unique to you and will be used to register your online patient profile.
- 2 Account activity, including total charges, total payments, and any pending insurance payments for all open accounts.
- 3 Special messages along with contact information for bill/payment questions. This message will change depending on the age of your account.
- 4 Information on how to update us with your latest insurance or contact information so that all care can be billed in a timely fashion.
- 5 Additional ways to pay your bill along with a QR code to access your online patient portal. The third section in this statement portion includes contact methods and our hours of operations.
- 6 Need longer to pay your bill? No problem, call our partner Medfinancial to learn about extended repayment options. More information about extended repayment is located on the back of page 1.
- 7 Payment coupon to submit your payment by mail. Your total amount owed - this portion of the statement must be returned with payment. Use the back of this section to update your contact information.

Account Details (pg.3)

- 8 This section has a summary of account information including date of service, guarantor number, description of care, service location and a breakdown of charges and payments.

If you have more than one open account, you will receive a detail box for each account.

Patient Name: Patient Name		Account Number: XXXXXXXXXXXX	Date(s) of Service: 09/24/2023
Location:	Facility Name	Account Summary	
Provider Name:	Doctor Name, MD	Total Charges	\$ 7,068.45
Insurance 1:	Medicare	Total Adjustments	- \$ 3,534.23
Insurance 2:	None on File	Total Payments	\$ 0.00
Please verify that your insurance information is correct.		AMOUNT YOU OWE	
Recent Activity		\$ 3,534.22	
9/24/23	Total Charges	\$7,068.45	
10/2/23	Total Adjustments	-\$3,534.23	
Your self-pay balance is due and payable upon receipt			
Due Date		AMOUNT YOU OWE	
Upon Receipt		\$ 3,534.22	