



Patient Billing Improvement


**Important information about
upcoming improvements to your billing statement
from Erie County Medical Center**





About your new billing statement

How To Read Your Bill



Patient Name: JOHN DOE
Patient ID: V#####
Primary Insurance: MY HEALTH INSURANCE
Primary Ins ID: 984751242

Summary: (as of 1/31/24)

Total Charges:	\$4,393.47
Insurance & Adjustments:	- \$4,303.47
Previously Paid:	- \$0.00
Total Balance:	\$90.00

Amount Due \$90.00

Due Date 2/21/2024

Statement Date Range: 11/17/2023 to 11/18/2023

Summary of all hospital charges, insurance payments/adjustments and any amounts previously paid by you

Your Statement

Thank you for choosing ECMC. This statement reflects charges for hospital services only. You may receive a separate bill for physician services.



GO PAPERLESS
Stop receiving paper statements and enroll in paperless billing!

Pay and Enroll in Paperless Billing: pay.instamed.com/erimedicalcenter Enter Code: QRCXDTGV



Make Payments Securely

Set Up Automatic Payments

Enroll in eStatements

POWERED BY InstaMed



QR code for ease of payment by phone and payment app

Simply point your smartphone camera and click. This QR code will take you directly to paperless billing! Or type into your web browser pay.instamed.com/erimedicalcenter to make a payment online.



SCAN ME

Contact Information

If you have questions about this statement, please call (716) 898-3173 between 8 am and 4 pm Monday - Friday. Para Solicitar una copia de copia de este de cuenta en espanol, por favor llame al (716) 898-3173.

Financial Assistance

ECMC has a Financial Assistance Program available for patients who may have difficulty paying for services at ECMC. For more information on this program, please call our Financial Counseling department at (716) 898-5566.

Note: Information, including amounts due and owing, is provided to InstaMed by your healthcare provider, and any questions or disputes regarding this billing statement (including the amounts or timing of payments) need to be addressed directly between you and the healthcare provider. InstaMed and its owners, subsidiaries, affiliates and agents are not acting as a debt collector on behalf of your healthcare provider.

Detach this coupon and return with your payment.



ECMC CORPORATION
CASHIER OFFICE
462 GRIDER STREET
BUFFALO, NY 14215

STATEMENT DATE	PATIENT ID	DUE DATE
1/31/2024	V#####	2/21/2024
AMOUNT DUE	SHOW AMOUNT PAID HERE	
\$90.00		

Check if address/Insurance changes are on back.

PLEASE MAKE CHECKS PAYABLE TO:
 ERIE COUNTY MEDICAL CENTER CORPORATION
 PO BOX 24348
 NEW YORK, NY 10087-4348

Print the amount of your check here.

Note: Paper statements are still available.



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