

CENTRAL BUSINESS OFFICE
Patient Accounting Services
1608 S.E. 3rd Avenue, Ft. Lauderdale, FL 33316
954-847-4315

TO OUR CUSTOMERS...

As a courtesy to you, we will bill your hospital charges to each of your insurance carriers. You may actively participate in ensuring payment by your insurance company by calling to request prompt payment.

To speak with our representatives about your bill **during your hospital stay or while at the facility**, you may call a Financial Counselor:

BROWARD HEALTH MEDICAL CENTER	954.355.5127
BROWARD HEALTH NORTH	954.786.2499
BROWARD HEALTH CORAL SPRINGS	954.344.3006
BROWARD HEALTH IMPERIAL POINT	954.776.8708
BROWARD HEALTH WESTON	954.217.2667

For assistance with your hospital bill **after your services are completed**, you may call our Customer Service Department. It is open from 8:00 AM to 4:45 PM, Monday through Friday.

CUSTOMER SERVICE DEPARTMENT: 954.847.4315
OR WRITE TO US AT: Broward Health - Central Business Office
1608 SE 3rd Avenue, Ft. Lauderdale, FL 33316

Following treatment at one of the hospitals, it is possible for you to receive several separate and distinct bills for services provided. Only one of these bills is from the hospital. **To pay your hospital bill online visit www.browardhealth.org/paymybill.**

Please note that the hospital bill will not include any services provided by physicians or certain orthopedic supply groups. The doctors or suppliers will bill separately for their professional fees or services. Besides your private doctor and other specialists, the following physicians may bill you depending upon the services you received.

ANESTHESIOLOGIST BILL	ANESCO	954.485.5666	
RADIOLOGIST BILL	North Broward Radiologist Group	866.560.1733	
EMERGENCY PHYSICIAN BILL	MedData	Broward Health Medical Center	855.811.3287
		Broward Health North	855.862.8434
		Broward Health Coral Springs	855.862.8433
		Broward Health Imperial Point	855.862.8435
PATHOLOGIST BILL	Quantum Medical	800.846.7978	
NOVA MEDICAL EQUIPMENT, INC		305.256.9446	
CARES, a division of Hanger Orthopedic Group		866.867.1377	
NEONATOLOGISTS/PEDIATRIC INTENSIVISTS	Pediatrix Medical Group	866.866.8542	

* **CARDIOLOGIST BILL** * **24 HOUR HOLTER MONITOR** * **STRESS TEST** * **OBSTETRIC/GYNECOLOGIST** * **PEDIATRICIAN BILL**

* For all communication relating to the above services, please reference bill received for contact information.

THE ABOVE LISTED PHYSICIANS GROUPS MAY OR MAY NOT BE A NETWORK PROVIDER FOR ALL HMO/PPOs.

Please be advised that the exact price of services provided cannot be determined until after you have been treated since services rendered may vary depending on a physician's findings. Service prices provided at time of registration are **estimates only**. I acknowledge that I have read and understand the above information and have received a copy of this note.

Patient Signature

Date

Time

Witness



**CBO LETTER
ENGLISH**

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Empty box for patient signature or stamp.