

Navigating Your Bill

Bills can be confusing. We're here to help! To deliver clarity, we have provided a detailed statement of charges for services rendered at Sema4.

1 Statement Number:

The number specific to this version of your statement.

2 Payment Options:

Credit card type and billing information.

3 Patient Support:

Customer support contact information.

4 Payment Website:

The website to pay your bill online. Please refer to Item 13: Access Code at the bottom of the page to access your statement online.

5 Guarantor:

The name and address of the guarantor (person financially responsible for the bill).

6 Account Number:

The number associated with the patient's testing and claim.

7 Statement Date:

The date the statement was generated.

8 Due Date:

The date payment is due.

9 Service Details:

The date of service and description, provider name, and adjustments or payments specific to the statement that the guarantor or insurance have made.

For In-Network Providers: Please note, if the insurance provider has a negotiated contract with our facility, the payment or adjustment listed may reflect the difference between what our facility charged for the services provided and what the insurance has agreed to pay.

10 Amount Due:

The total payment due.

11 Payment Detail:

The payment amounts specific to the statement required by the cited due date.

1 STATEMENT #

PLEASE CHECK THE APPROPRIATE CREDIT CARD FOR PAYMENT

VISA MasterCard GOLDENSTATE EXPRESS DISCOVER

CARD NUMBER: _____ EXP. DATE (MMYY): _____ CARD SECURITY CO: _____

CARDHOLDER SIGNATURE: _____ CARD BILLING ZIP CODE: _____

STATEMENT DATE: _____ AMOUNT DUE: _____ DUE DATE: _____

PLEASE REMIT WITHIN 30 DAYS ENTER AMOUNT \$ _____

3 For Billing Inquiries Please Call: 212-241-8717

4 To view and pay statement online please visit: <https://sema4pay.ilabbill.com>

5 JANE DOE
123 PATIENT ROAD
NEW YORK, NY 100

MAKE CHECKS PAYABLE TO:
Mount Sinai Genomics Inc.
P.O. Box 21312
New York NY 10087-1312

Detach and Return this Portion with your Payment. See bottom of Statement for online Access Info.

6 STATEMENT DETAIL

ACCT#:	SERVICES FOR:	STATEMENT DATE	DUE DATE

DATE	DESCRIPTION	ORDERING PROVIDER	CHARGES	PAYER PAYMENTS	PATIENT PAYMENTS	ADJUSTMENTS	BALANCE
TOTAL							

CURRENT	31 - 60 DAYS	61 - 90 DAYS	91 - 120 DAYS	OVER 120 DAYS	AMOUNT DUE

11 PAYMENT DETAIL

12 MESSAGES

Thank you for choosing Sema4. Payment is due upon receipt of the statement. If you have any questions about your bill, please contact us at 212-241-8717. Please disregard this statement if payment has already been sent.

Mount Sinai Genomics Inc. ACCOUNT#: _____ ACCESS CODE: _____

12 Messages:

Description of our payment policies.

13 Access Code:

Code required to log-in to pay online.

Please note, patients may still receive separate bills from individual providers, such as ordering physicians and/or independent laboratories. Please contact a Sema4 representative at 800-298-6470 or via email at billing@sema4.com with any questions regarding our services.