

UNDERSTANDING YOUR NEW UC HEALTH STATEMENT

1 Thank you for choosing UC Health for your healthcare needs.

2 **STATEMENT SUMMARY**
 Guarantor Name: George Washington Carver
Guarantor Number: 123456789

3 **TOTAL AMOUNT DUE: \$ 551.04**
 Due Date: 10/09/2017

4 Total Charges: \$ 4,534.00
 Payments/Discounts: \$ -3,982.96
 Patient Amount Due: \$ 551.04

5 **PAYMENT PLANS**
 If you are unable to pay your amount due in full and would like to establish a monthly payment plan, please contact us at 513-585-6200 or 800-277-0781.

6 **PAYMENT OPTIONS**
 You may pay your bill by:
 Visit my UC Health
 Pay online (Available)
 To pay by phone: 800-277-0781
 Mail in the portion of the statement that says "PAYMENT OPTIONS".

7 **QUESTIONS?**
 Email: PPS4@ucmail.com
 Call: 1-513-585-6200
 Call Toll-Free: 800-277-0781
 Hours: Mon-Fri 8am-5pm, Sat 9am-1pm, Sun 12pm-4pm

8 **FINANCIAL ASSISTANCE**
 If you are unable to pay, you may be eligible for financial assistance. We may provide assistance for individuals and families with income at or below 200% of the federal poverty guidelines. Please visit our webpage uchealth.com/financial/financial-assistance for more details regarding UC Health's Financial Assistance program.
 To apply for financial assistance, please complete the form on the back of this statement.

9 **Go Paperless!**
 Sign up at My.UCHealth.com and use this activation code **585C5664KN-WSF24** to get started.
 What can you do in My UC Health?
 Pay your bill • View your statement • Ask a billing question
 View a summary of charges • View payment history

10 **STATEMENT DETAILS**
 Guarantor Name: George Washington Carver
Guarantor Number: 123456789

Acct. #:	Description:	Charges:	Payments/Discounts:	Patient Balance:
DATE OF SERVICE: 06/20/17 This is the current balance on this date of service. Please pay by due date.				
PHYSICIAN SERVICE LOCATION BILLING PROVIDER – John D. Smith, MD PATIENT: George Washington Carver 123456789 OFFICE CONSULT, LEVEL 4				
	Insurance Payment	\$463.00	\$-145.94	
	Insurance Discount		\$-287.06	
	Totals	\$463.00	\$-433.00	\$30.00
	*Co-Pay \$20.00 *Co-Insurance \$10.00			
DATE OF SERVICE: 07/24/17 PAST DUE – Payment for this date of service is now past due. Please pay promptly or call us to make payment arrangements. If payment was recently made, please disregard this message.				
PHYSICIAN SERVICE LOCATION BILLING PROVIDER – John D. Smith, MD PATIENT: George Washington Carver 123456789 ECHOCARDIOGRAPHY, COMPLETE				
	Patient Payment	\$798.00	\$-272.92	
	Insurance Discount		\$-494.76	
HOSPITAL SERVICE LOCATION BILLING PROVIDER – UC HEALTH PATIENT: George Washington Carver 123456789 PHARMACY				
	CARDIOLOGY	\$83.00		
	Insurance Payment	\$2,274.00		
	Insurance Discount		\$-806.09	
	Totals	\$3,155.00	\$-1,461.34	\$119.89
	*Co-Pay \$50.00 *Co-Insurance \$69.89			
DATE OF SERVICE: 07/26/17 This is the current balance on this date of service. Please pay by due date.				
PHYSICIAN SERVICE LOCATION BILLING PROVIDER – John D. Smith, MD PATIENT: George Washington Carver 123456789 OFFICE VISIT, ESTABLISHED LEVEL 4				
	Insurance Payment	\$151.00	\$-0.00	
	Insurance Discount		\$-56.96	
HOSPITAL SERVICE LOCATION BILLING PROVIDER – UC HEALTH PATIENT: George Washington Carver 123456789 PHARMACY				
	LABORATORY	\$83.00		
	CLINIC VISIT	\$353.00		
	TREATMENT ROOM	\$241.00		
	Insurance Payment	\$88.00		
	Insurance Discount		\$-102.70	
	Totals	\$916.00	\$-355.19	\$401.15
	*Co-Pay \$50.00 *Co-Insurance \$351.15			
	CURRENT BALANCE			\$431.15
	PAST DUE BALANCE			\$119.89
	TOTAL BALANCE DUE			\$551.04

10 **ELECTRONIC SERVICE REQUESTED**
 George Washington Carver
 1234 Main Street
 Cleveland, OH 44109

PLEASE MAKE CHECK PAYMENT TO:
 UC Health
 PO Box 630911
 Cincinnati, OH 45263-0911

STATEMENT ENCLOSED

10 **STATEMENT ENCLOSED**
 Guarantor Name: George Washington Carver
 IF YOU ARE PAYING BY CHECK, SIGNATURE REQUIRED
 Card Number: _____
 Signature: _____

TOTAL AMOUNT DUE: \$ 551.04
 Statement Date: 09/18/2017

1 **QR Code:** scan to go to My UC Health page.

2 **Guarantor Number:** a number unique to each statement. You can use this number to register online and when making payments.

3 **Total Charges:** the total amount charged for services rendered.
Payments/Discounts: the total amount that charges are reduced based on payments made by patient and/or insurance companies.
Patient Amount Due: the balance that the addressee/guarantor is responsible for paying.

4 **Payment Plans:** if you are unable to pay your balance in full, call our office at 1-800-277-0781 to discuss payment arrangements.

5 The name to which this statement is addressed represents the person responsible for any patient amount due.

6 **Acct. #:** a number that represents the service that was provided.
Description: service(s) that were provided.
Payments/Discounts: payments you have made or payments that your insurance company has paid towards services.
Patient Balance: the balance that the addressee/guarantor is responsible for paying.

7 **"PHYSICIAN"** are charges related to the doctor, nurse practitioner, or other medical technician.

8 **"HOSPITAL"** are charges related to ancillary services rendered in the hospital or outpatient setting.

9 Summary of charges – current balance, past due balance and the balance that the addressee/guarantor is responsible for paying.

10 Additional charges may be listed on subsequent pages.