

# UNDERSTANDING YOUR UC HEALTH STATEMENT

## STATEMENT SUMMARY

Guarantor Name: George Washington Carver  
**Guarantor Number: 123456789**

**TOTAL AMOUNT DUE: \$ 551.04**

Due Date: 10/09/2017

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

**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 1-800-277-0781.

**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](http://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.

**Go Paperless!**  
 Log in or sign up at [MyUCHealth.com](http://MyUCHealth.com) My Care. My Time. My UC Health  
 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

**UC Health**  
 PO Box 630911  
 Cincinnati, OH 45263-0911  
**HOSPITAL STATEMENT ENCLOSED**

**ELECTRONIC SERVICE REQUESTED**

George Washington Carver  
 1234 Main Street  
 Cleveland, OH 44109

## STATEMENT DETAILS

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Guarantor Name: George Washington Carver  
**Guarantor Number: 123456789**

Acct. #:	Description:	Charges:	Payments/Discounts:	Patient Balance:
	<b>DATE OF SERVICE: 06/20/17</b> This is the current balance on this date of service. Please pay by due date.			
	<b>SERVICE LOCATION</b>			
PHYSICIAN	<b>BILLING PROVIDER – John D. Smith, MD</b> PATIENT: George Washington Carver 123456789 OFFICE CONSULT, LEVEL 4	\$463.00	\$-145.94 \$-287.06	
	Insurance Payment Insurance Discount		\$-433.00	\$30.00
	<b>Totals</b>	<b>\$463.00</b>		
	<b>DATE OF SERVICE: 07/24/17</b> <b>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.</b>			
	<b>SERVICE LOCATION</b>			
PHYSICIAN	<b>BILLING PROVIDER – John D. Smith, MD</b> PATIENT: George Washington Carver 123456789 ECHOCARDIOGRAPHY, COMPLETE	\$798.00	\$-272.92 \$-494.76	
	Patient Payment Insurance Discount			
HOSPITAL	<b>SERVICE LOCATION</b> <b>BILLING PROVIDER – UC HEALTH</b> PATIENT: George Washington Carver 123456789 PHARMACY CARDIOLOGY	\$83.00 \$2,274.00	\$-806.09 \$-1,461.34	
	Insurance Payment Insurance Discount		\$-3,035.11	\$119.89
	<b>Totals</b>	<b>\$3,155.00</b>		
	<b>DATE OF SERVICE: 07/26/17</b> This is the current balance on this date of service. Please pay by due date.			
	<b>SERVICE LOCATION</b>			
PHYSICIAN	<b>BILLING PROVIDER – John D. Smith, MD</b> PATIENT: George Washington Carver 123456789 OFFICE VISIT, ESTABLISHED LEVEL 4	\$151.00	\$-0.00 \$-56.96	
	Insurance Payment Insurance Discount			
HOSPITAL	<b>SERVICE LOCATION</b> <b>BILLING PROVIDER – UC HEALTH</b> PATIENT: George Washington Carver 123456789 PHARMACY LABORATORY CLINIC VISIT TREATMENT ROOM	\$83.00 \$353.00 \$241.00 \$88.00	\$-102.70 \$-355.19	
	Insurance Payment Insurance Discount		\$-514.85	\$401.15
	<b>Totals</b>	<b>\$916.00</b>		
	<b>CURRENT BALANCE</b>			\$431.15
	<b>PAST DUE BALANCE</b>			\$119.89
	<b>TOTAL BALANCE DUE</b>			<b>\$551.04</b>

- 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.