

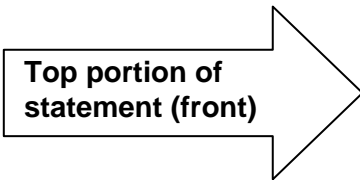
# HOW TO READ YOUR PATIENT STATEMENT

In following our efforts to improve customer service, we have developed a patient statement of professional services that should provide to you a clear picture of the amount due and the reason why. The statement consists of 3 main sections that are displayed and will be described below. Sections A and B are located on the front of the statement and Section C is located on the back.

**A – Account Balance Summary (found on the front of the statement)** – This section shows the total patient payments received since the last statement [1], the total amount due by a certain date (this total includes the finance charges incurred)[2], the age of the amounts due [3], and the total for finance charges [4]. Also shown on the bottom of this section are messages notifying the patient of how finance charges are derived and/or what the collection efforts will be ensued in the future if payment is not received (i.e. Transferring account to a collection agency) [5]. Please be aware that credit letters (or collection letters) will no longer be issued. The 3<sup>rd</sup> statement will serve as the final warning before the account is transferred to an outside collection agency.



<b>FOR QUESTIONS REGARDING YOUR ACCOUNT CALL:</b> {Group Phone}			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER:		EXP DATE:	
SIGNATURE:		CHECK #:	
STATEMENT DATE 09/27/2002	ACCOUNT NUMBER M12345678-20	<b>PAY BY</b> 10/18/02 <b>\$213.27</b>	AMOUNT PAID: \$ _____



**Top portion of statement (front)**

U of U Surgical Associates  
PO Box 58049  
Salt Lake City, UT 84158

RETURN SERVICE REQUESTED  
\*\*\*\*\*AUTO\*\*C001

MAKE CHECKS PAYABLE AND MAIL TO:

TEST PATIENT  
50 N MEDICAL DR  
SALT LAKE CITY, UT 84132

U OF U SURGICAL ASSOCIATES  
PO BOX 58049  
SALT LAKE CITY, UT 84158-1100

Please detach below and return TOP portion with payment. THANK YOU.

PATIENT: TEST PATIENT

ACCOUNT NUMBER: M12345678-20

<b>ACCOUNT BALANCE SUMMARY</b>					<b>A - Account Balance Summary</b>
TOTAL PATIENT PAYMENTS RECEIVED SINCE LAST STATEMENT: \$0.00 <b>1</b>		CURRENT ACCOUNT BALANCE: \$213.27			
(This amount has been deducted from the current account balance)		LESS: AMOUNT PENDING INSURANCE: \$0.00			
		TOTAL AMOUNT DUE BY 10/18/2002 <b>2</b>		<b>**\$213.27</b>	
<b>PAST DUE PATIENT RESPONSIBILITY BALANCE</b>					<b>TOTAL FINANCE CHARGE:</b>
<b>5</b> CURRENT \$0.00	<b>3</b> 31-60 DAYS \$0.00	61-90 DAYS \$0.00	91-120 DAYS \$204.00	<b>4</b> OVER 120 DAYS \$0.00	<b>\$9.23</b>
<b>**THIS BALANCE WILL BE CONSIDERED FOR TRANSFER TO A COLLECTION AGENCY. PLEASE SEND PAYMENT OR PHONE THE NUMBER ABOVE.</b>					
FINANCE CHARGES are computed on unpaid balances 30 days after balance becomes PATIENT RESPONSIBILITY. Periodic Rate 1 1/2 % per month (annual rate 18%).					

**B – Summary of Patient Visits (found on the front of the statement)** - This section shows a breakdown of what is due on outstanding invoices. The breakdown shows the invoice number [1], whom the physician was that provided the services [2], the date in which the service was provided [3], the invoice balance [4], and what the patient owes on that balance.

SUMMARY OF PATIENT VISITS				
<b>INVOICE NUMBER:</b>	1	<b>PROVIDER:</b>	2	<b>AMOUNT DUE:</b>
12345678-Detail on this		We Care MD		
Finance Charges Accrued				
Finance Charges Current				
Total Account Balance				
<b>TOTAL AMOUNT DUE</b>				<b>\$213.27</b>
The balance shown is now due. Please pay by personal check, MasterCard, Visa, American Express, or Discover. If paying by check, please write your account number on your check.				

**C – Detail of Patient Visits (found on the back of the statement)** – This section shows details of invoices that have incurred billing activity since the last statement. Billing activity includes charges for services rendered [1] and payments and/or denials from the insurance or patient [2]. The total due by the patient is also shown in this section [3].

DETAIL OF PATIENT VISITS (Charges or Payments occurring within the last 30 days)			
INVOICE NUMBER: {Invoice Number}			
<b>CHARGES</b>			
Provider: We Care MD			
03/17/2002 - Procedure Description	1	\$204.04	
<b>TOTAL:</b>		<b>\$204.04</b>	
		<b>PAYMENT ACTIVITY</b>	
		TOTAL CHARGES	\$204.04
		03/22/2002 Insurance Billed	2
		09/25/2002 Commercial Insurance	\$0.00 (A)
(A) See explanation of benefits from insurer			
		Invoice Amount Due	<b>\$204.04</b>
			3

The top portion of the statement is the portion to return with the payment. On the front is the amount being paid and how the payment is made (i.e. check, credit card etc.). The back of this portion contains demographic and insurance information (shown below). If any changes need to be made spaces are provided to the right of the printed information in which the correct information can be documented.

PLEASE MAKE CORRECTIONS AND RETURN IN THE ENCLOSED ENVELOPE OR CALL {G			
<b>PATIENT NAME:</b>	TEST PATIENT	<b>PRIMARY INSURANCE</b>	
<b>DATE OF BIRTH:</b>	01/01/1945	<b>INSURANCE CO:</b>	BCBS OF UTAH
<b>ADDRESS:</b>	50 N MEDICAL DR	<b>GROUP/PLAN:</b>	123456
	SLC, UT 84132	<b>POLICY I.D. #:</b>	12345678
		<b>SUBSCRIBER:</b>	SELF
<b>HOME TELEPHONE:</b>	801-000-0000	<b>DATE OF BIRTH:</b>	01/01/1945
<b>WORK TELEPHONE:</b>		<b>REL. TO INSURED:</b>	
		<b>SECONDARY INSURANCE</b>	
<b>GUARANTOR NAME:</b>		<b>INSURANCE CO:</b>	
<b>ADDRESS:</b>		<b>GROUP/PLAN:</b>	
		<b>POLICY I.D. #:</b>	
		<b>SUBSCRIBER:</b>	
<b>HOME TELEPHONE:</b>		<b>DATE OF BIRTH:</b>	