Make checks and money orders payable to:
University of Utah Health

ACCOUNT STATEMENT
Account # 000000

Thank you for selecting University of Utah Health
healthcare.utah.edu

ONLINE PAYMENT OPTIONS:
- LOG IN AS A GUEST
  Make a payment without MyChart
Guarantor Account Number: 000000
Name: Patient Name
UofUHealth.org/GuestPay

FOR QUESTIONS, TO SET UP SECURING PAYMENTS OR IF YOU CAN'T MAKE THE MINIMUM PAYMENT:
Call 801.587.8303 or 800.661.4837
E-mail billing@healthcare.utah.edu

PAY ONLINE
uofuhealth.org/mychart

PAY BY PHONE
801.587.8303

PAY BY MAIL
P.O. Box 30465
Salt Lake City, UT 84130-0465

127 South 500 East, Suite 100
Salt Lake City, UT 84102-1959

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healthcare.utah.edu

Please detach and return this portion with payment.

ACCOUNT NUMBER: This number is unique to each patient. Also known as guarantor number. This number is used to look up the account information. It can also be used to log in as a guest to make a payment online.

RESPONSIBLE PARTY: This person is financially responsible for paying the account balance, and may be a different person than the patient. You may also hear this person referred to as a ‘guarantor’.

STATEMENT DATE: You’ll receive a statement once a month. It combines provider and facility charges. Your monthly billing cycle starts shortly after your visit.

MINIMUM AMOUNT DUE: Look to see that your previous month’s payment was received. Note that your full account balance and due date will always appear on the upper left front of your bill. If you’re unable to pay your balance in full, we provide a minimum amount that will keep your account in good standing. We can extend your payments over 12 months, but require a minimum $75 payment.

FOR QUESTIONS: On every statement, we give you a way to ask a specific question to a billing representative. You can call from 9 am to 5:30 pm or e-mail us at any time.

AMOUNT PAID: Be sure to write in how much you are paying when you submit the bottom portion of the statement with your payment. If for some reason you cannot make your minimum payment by the due date, be sure to let us know to avoid defaulting on your balance owed. Financial assistance options are available. Visit us online, or call, to learn more.

VISIT NUMBERS: Your visit numbers are unique to each date of service and to the University location. This means you will have a different visit number for your provider charges and for your facility charges. For an inpatient stay, the dates you see are when the service was provided.

SUMMARY OF CHARGES: You’ll see a summary of charges, payments, and amount you owe on the last page of every monthly statement. All of the columns will add up to the charges & payments you see in the detail section.

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Charges</th>
<th>Pmts/Adj's</th>
<th>Insurance Balance</th>
<th>Patient Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>00/00/19</td>
<td>University of Utah Maternal Newborn Care Inpatient - Date of service:</td>
<td>$0.00</td>
<td>$602.92</td>
<td>$0.00</td>
<td>$602.92</td>
</tr>
<tr>
<td>00/00/19</td>
<td>Room &amp; Board Private</td>
<td>$0.00</td>
<td>$602.92</td>
<td>$0.00</td>
<td>$602.92</td>
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<tr>
<td>00/00/19</td>
<td>Pharmacy</td>
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<td>$0.00</td>
<td>$602.92</td>
</tr>
<tr>
<td>00/00/19</td>
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<td>$0.00</td>
<td>$602.92</td>
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<tr>
<td>00/00/19</td>
<td>Laboratory</td>
<td>$0.00</td>
<td>$602.92</td>
<td>$0.00</td>
<td>$602.92</td>
</tr>
<tr>
<td>00/00/19</td>
<td>Labor Room Delivery</td>
<td>$0.00</td>
<td>$602.92</td>
<td>$0.00</td>
<td>$602.92</td>
</tr>
<tr>
<td>00/00/19</td>
<td>INSURANCE CONTRACTUAL</td>
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<td>$602.92</td>
<td>$0.00</td>
<td>$602.92</td>
</tr>
<tr>
<td>00/00/19</td>
<td>INSURANCE PAYMENT</td>
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<td>$602.92</td>
<td>$0.00</td>
<td>$602.92</td>
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<tr>
<td>00/00/19</td>
<td>Coinsurance:</td>
<td>$602.92</td>
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<td></td>
<td></td>
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<tr>
<td>00/00/19</td>
<td>ADJUSTMENT</td>
<td>$0.00</td>
<td>$602.92</td>
<td>$0.00</td>
<td>$602.92</td>
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<tr>
<td>00/00/19</td>
<td>INSURANCE CONTRACTUAL</td>
<td>$0.00</td>
<td>$602.92</td>
<td>$0.00</td>
<td>$602.92</td>
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<tr>
<td>00/00/19</td>
<td>INSURANCE CONTRACTUAL</td>
<td>$0.00</td>
<td>$602.92</td>
<td>$0.00</td>
<td>$602.92</td>
</tr>
</tbody>
</table>

Visit Total $0.00 $602.92

Balance Due $602.92

Please allow 30 days for new transactions (payments, charges, etc.) to appear on statement.