

# Understanding Your Monthly Billing Statement

**UCSF Health**

**Monthly Statement**

**1 YOUR INFORMATION**

Page 1 of 3 **1** Statement Date: 01/27/15  
 Guarantor Name **2** Q, John  
 Guarantor ID # **3** 121212121  
 Account Numbers **4** Located on following pages  
**Payment Due Date** **5** 10/31/14

**UCSF MYCHART**

**MyChart Sign Up** **12**

Call answers to your medical questions from home  
 Get your test results faster  
 Request prescription refills  
 Request an appointment  
 Keep track of your family's health  
 Download MyChart App

<https://www.ucsfhealth.org/ucsfmychart>

**YOUR ACCOUNT SUMMARY**

Prior Statement Date: **6** 09/27/14  
 Patient Payments Received Since Last Statement: **7** \$0.00  
 Current Balance **8** \$4,403.90

**QUESTIONS**

Toll free 1-866-433-4035, 8:30 am-4 pm PST  
 UCSF Medical Center, PO Box 0810, San Francisco, CA 94143-0810  
 Email: Patient.FinancialServices@UCSF.edu **13**  
 Online at: [www.ucsfhealth.org](http://www.ucsfhealth.org)  
 Please see reverse to update insurance and for Financial Assistance information

**AMOUNT DUE NOW** **9** \$4,403.90

**YOUR PAYMENT OPTIONS**

Online at <https://www.ucsfhealth.org/ucsfmychart> (available 24/7)  
 By phone - **1-866-433-4035** **10**  
 By mail: Credit Card and Checks, complete coupon below and return.  
 Make checks payable to **UC REGENTS**.

**A MESSAGE FOR YOU ...** **14**

*Thank you for selecting UCSF Medical Center for your healthcare needs.*

4990UCSFSTMT-2539504-1875890725-; 11628447-1-13; 35673428-3; 1

**RETURN MAIL ONLY - DO NOT USE FOR REMITTANCE OR CORRESPONDENCE**

UCSF Medical Center  
 P.O. Box 3475  
 Toledo, OH 43607-0475

Please do not send correspondence to this address.

Patient Financial Services:  
 1-866-433-4035

Check box if address below is incorrect or changed and indicate change(s) on back.

John Q  
 424 95TH AVE  
 SAN FRANCISCO, CA 94131

**FOR CREDIT CARD PAYMENT, PLEASE FILL OUT BELOW**

MASTERCARD MASTERCARD DISCOVER DISCOVER VISA VISA AMEX AMEX

CREDIT CARD NUMBER

SIGNATURE

EXP. DATE

CARD HOLDER NAME

STATEMENT DATE 10/01/14

PAYMENT DUE DATE 10/31/14

GUARANTOR ID # 121212121

AMOUNT DUE \$4,403.90

AMOUNT PAYING

Make checks payable to: **UC REGENTS** 656174B (PC2)

USE FOR REMITTANCE OR CORRESPONDENCE  
 UCSF MEDICAL CENTER  
 PO BOX 39000  
 SAN FRANCISCO, CA 94139-5631

0000440390 000000000121212121 000000000 0000000000 9

- 1** STATEMENT DATE: The date the statement was created.
- 2** GUARANTOR NAME: The person or party who is financially responsible for all the accounts on the statement.
- 3** GUARANTOR ID #: A unique number assigned to the Guarantor.
- 4** ACCOUNT NUMBERS: Your account number[s] are found on the second and subsequent pages of your statement. You may have more than one account number for the same service (for example, Radiology and Pathology) if both hospital and (separately billed) professional charges apply.
- 5** PAYMENT DUE DATE: The date that payment is due.
- 6** PRIOR STATEMENT DATE: The date of your last statement.
- 7** PATIENT PAYMENTS RECEIVED SINCE YOUR LAST STATEMENT: The total of patient payments received since the prior statement.
- 8** CURRENT BALANCE: The total amount owed by the guarantor as of the statement date.
- 9** AMOUNT DUE NOW: The amount owed for this statement.
- 10** PAYMENT OPTIONS: This section advises on the various payment options available. You can also scan the QR code in this section with your smartphone to make a payment.
- 11** RETURN PAYMENT COUPON: Use this coupon to mail in a credit card or check payment. NOTE: the reverse side of the coupon provides the ability to make changes to address or insurance information.
- 12** UCSFMYCHART: The link in this section provides information on access to the UCSFMyChart web page. UCSF MyChart is an online resource for your routine health care needs.
- 13** QUESTIONS: See various ways to contact Patient Financial Services.
- 14** A MESSAGE FOR YOU: This section will be populated with specific account information and alerts when needed.

(continued on the page 2)

- The UCSF Monthly Statement shows activity and balances due for hospital and professional services where a patient liability has been incurred.
- This statement displays both professional and hospital-based accounts and the date the services were provided.
- The first page provides an overall summary of the amount owed for the services that have been provided. Subsequent pages provide account detail information.
- Different accounts that were established for different service dates can be identified in the detail displayed on the second and subsequent pages.

\*\* Note: Services at Langley Porter Hospital and Clinics will begin using this statement format effective July 2015

# Monthly Billing Statement (page 2)

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**YOUR ACCOUNT DETAIL**

**ACCOUNTS NOT ON PAYMENT PLAN**

HOSP ACCT# 99988811 PATIENT: John Q PROVIDER: SMITH, JOHN

Date	Code	Charge Description	Charge Amount	Insurance Payment	Insurance Adjustment	Patient Adjustment	Patient Payment	Patient Liability
07/13/14	0730	EKG/ECG	245.00					
07/13/14	0450	Emergency Room	2,250.00					
07/13/14	0250	Pharmacy	23.90					
07/13/14	0324	Radiology - Diagnostic	317.00					
<b>Account Summary</b>			<b>2,835.90</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>2,835.90</b>

**PROF ACCT# 99988812 PATIENT: John Q PROVIDER: SMITH, JOHN**

Date	Code	Charge Description	Charge Amount	Insurance Payment	Insurance Adjustment	Patient Adjustment	Patient Payment	Patient Liability
07/13/14	71010	CHEST X-RAY 1 V/W	155.00					
07/13/14	93010	ELECTROCARDIOGRAM REPORT	48.00					
07/13/14	99284	EMERGENCY DEPARTMENT VISIT	1,365.00					
<b>Account Summary</b>			<b>1,568.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1,568.00</b>

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**YOUR ACCOUNT DETAIL**

**CONTINUED**

Date	Code	Charge Description	Charge Amount	Insurance Payment	Insurance Adjustment	Patient Adjustment	Patient Payment	Patient Liability
<b>TOTAL AMOUNT OWED THIS STATEMENT</b>							<b>28</b>	<b>\$4,403.90</b>

**Coverages on Account**

Coverages on Account	Effective Date From	Effective Date To
ANTHEM	01/01/14	

The above insurance coverage[s] are currently on file. If this information is incorrect, please call or email Patient Financial Services or complete the back of the payment coupon located on the reverse of the first page of this statement and return in the enclosed envelope.

- 15** HOSP ACCT#: Identifies the account number for the hospital services provided.
- 16** PATIENT: Name of the patient who received the services.
- 17** PROVIDER: Identifies the UCSF provider or department who provided the services.
- 18** DATE: The date of service, or the posting (or deposit) date of payment or adjustment.
- 19** CODE: The billing code used to identify the service, or the internal payment or adjustment code used to post the payment or adjustment.
- 20** CHARGE DESCRIPTION: The description of the service, payment or adjustment code.
- 21** CHARGE AMOUNT: The amount charged for the service.
- 22** INSURANCE PAYMENT: The insurance payments received on this account.
- 23** INSURANCE ADJUSTMENT: Insurance adjustments posted to this account.
- 24** PATIENT ADJUSTMENTS: Patient adjustments posted to this account.
- 25** PATIENT PAYMENTS: Patient payments received for this account.
- 26** PATIENT LIABILITY: The patient liability amount remaining on this account.
- 27** PROF ACCT#: Identifies the account number for the professional services provided by your physician.
- 28** TOTAL AMOUNT OWED THIS STATEMENT: The sum total of all patient liability amounts on all accounts on this statement.
- 29** COVERAGES ON ACCOUNT: Displays the insurance coverage[s] that UCSF has on file for the patients on this statement.