

Mrs. Jane Smith
2009 Any Street
Anytown, AZ 55555-5555

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Billing Account Number: 1-222-222
Statement Date: June 6, 2003
Billing Questions: **480-301-7033**
or **1-800-603-0558**

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Messages:

Thank you for choosing Mayo Clinic.

Thank you for your payment.

You are currently responsible for paying \$6,615.00 to Mayo Clinic.

Please Note: Charges totaling \$100.00 are pending with your insurance. You will be responsible for the portion not covered by your insurance. If you have questions about insurance claims or payments, contact your insurance representative.

Account Summary:

Previous Account Balance \$ 100.00
as of 05/06/2003

New Charges \$ 50,233.50

Payments / Adjustments \$ 43,618.50

Current Account Balance \$ 6,715.00

Insurance Claims Pending \$ 100.00

CURRENT AMOUNT DUE: \$ **6,615.00**

To help us process your payment, please return the lower portion of this statement *with your payment*. Do not send currency.

Billing Addressee	Billing Account Number	Date Due	Amount Due	Amount Enclosed
Smith, Jane	1-222-222	Upon Receipt	\$ 6,615.00	

The above sample resembles an actual statement that you will receive.

Legend

- Billing Addressee (Guarantor):** The person designated to receive the monthly billing statements. This person is responsible for coordinating the billing, payment and insurance coverage for the account.
- Billing Account Number:** The account number of the person assigned to receive the bill. Refer to this number when contacting Mayo Clinic with questions.
- Insurance Claims Pending:** Charges filed to your insurance company; Mayo Clinic has not received a determination of the benefits.
- Current Amount Due:** This is your total balance for services performed at all Mayo Clinic facilities in Arizona.
- Facility Name:** The location where service was provided.
- Line Item Description:** Shortly after services are provided, you will receive an Itemized Statement of Charges. On your next statement, these services will appear as "new charges." All claim filing, payments and adjustments will be detailed by date.
- Adjustments/Payments:** Credit and / or debit transactions applied to the account.
- New Charges:** Charges billed by Mayo Clinic since the previous monthly statement. These are detailed on your Itemized Statement of Charges.
- Visit Balance:** The current balance of each episode of care.
- Contract Adjustment:** Credits and / or debits applied to the account due to the contractual agreement between Mayo Clinic and the insurance company.
- Amount Due:** This is a subtotal for each visit.



Patient Name Mayo Clinic Number/Visit Number Dates of Service Place of Service Transaction Detail/Description	Account Activity	Insurance Claims Pending	Personal Responsibility
Smith, Jane 1-222-222 Visit 1600 03/13/03 - 03/13/03 Mayo Clinic Fountain Hills			
Previous Balance	\$ 100.00		
5/13/03 Personal Payment	\$ 5.00-		
Visit Balance Insurance Pending Amount Due	\$ 95.00	\$ 0.00	\$ 95.00
Smith, Jane 1-222-222 Visit 1750 05/01/03 - 05/03/03 Mayo Clinic Hospital			
New Charges	\$ 50,000.00		
05/16/03 Insurance A Claim Filed			
05/21/03 Insurance A Payment	\$ 40,000.00-		
05/21/03 Insurance A Contract Adjustment	\$ 2,500.00-		
05/30/03 Personal Payment	\$ 1,000.00-		
Visit Balance Insurance Pending Amount Due	\$ 6,500.00	\$ 0.00	\$ 6,500.00
Smith, Bill 1-433-331 Visit 1802 05/06/03 - 05/07/03 Mayo Clinic Scottsdale			
New Charges	\$ 233.50		
05/15/03 Insurance A Claim Filed			
05/20/03 Insurance A Payment	\$ 89.00-		
05/20/03 Insurance A Contract Adjustment	\$ 24.50-		
Visit Balance Insurance Pending Amount Due	\$ 120.00	\$ 100.00	\$ 20.00
Total Current Account Balance	\$ 6,715.00	\$ 100.00	\$ 6,615.00
Total Insurance Claims Pending			
Total Amount Due			