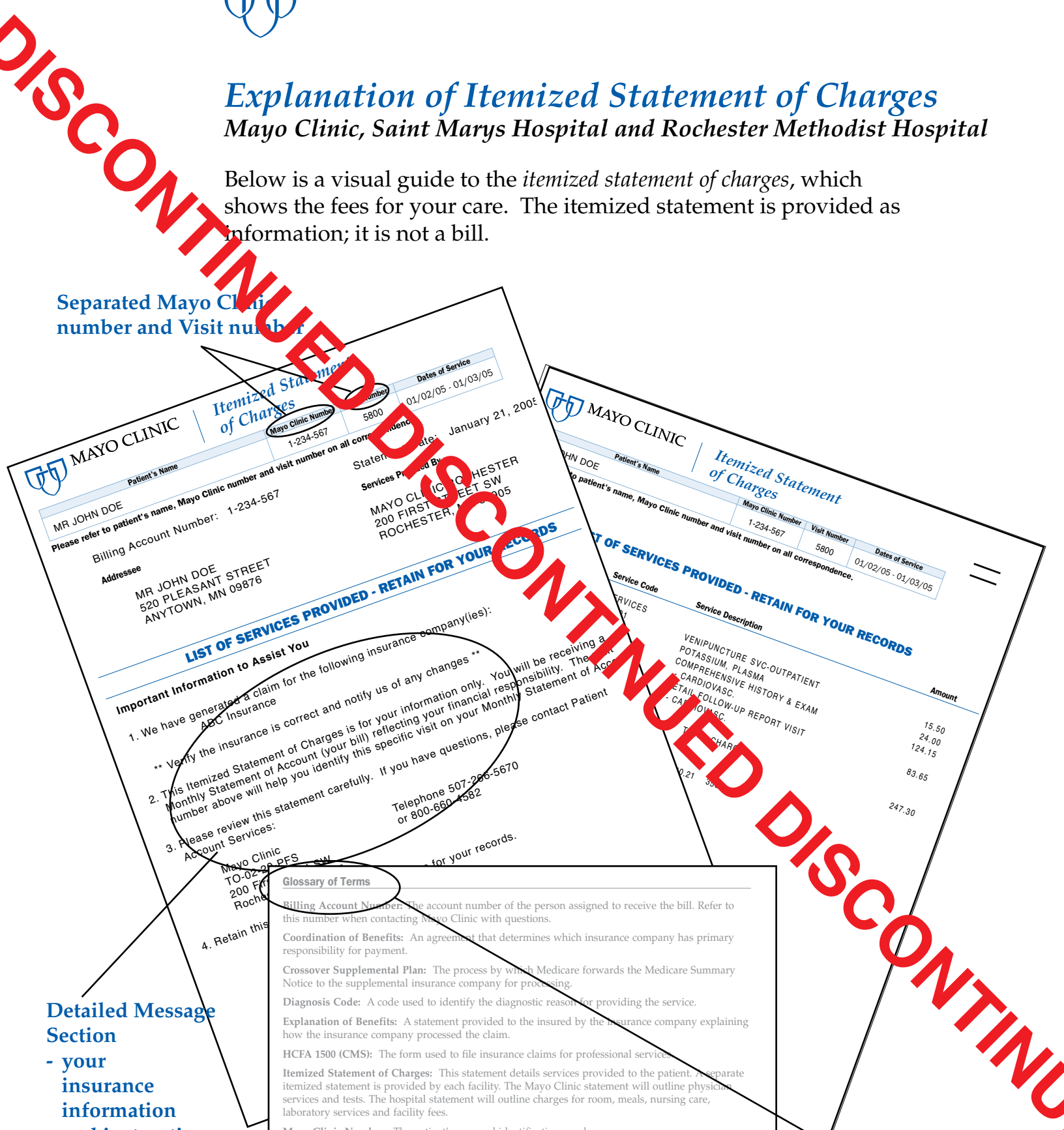


## Explanation of Itemized Statement of Charges Mayo Clinic, Saint Marys Hospital and Rochester Methodist Hospital

Below is a visual guide to the *itemized statement of charges*, which shows the fees for your care. The itemized statement is provided as information; it is not a bill.

Separated Mayo Clinic number and Visit number



**MAYO CLINIC** | *Itemized Statement of Charges*

Patient's Name: MR JOHN DOE  
 Please refer to patient's name, Mayo Clinic number and visit number on all correspondence.  
 Billing Account Number: 1-234-567  
 Addressee: MR JOHN DOE, 520 PLEASANT STREET, ANYTOWN, MN 09876

Mayo Clinic Number: 5800  
 Dates of Service: 01/02/05 - 01/03/05  
 State: Minnesota  
 Date: January 21, 2005  
 Services Provided By: MAYO CLINIC ROCHESTER, 200 FIRST STREET SW, ROCHESTER, MN 55905

**LIST OF SERVICES PROVIDED - RETAIN FOR YOUR RECORDS**

**MAYO CLINIC** | *Itemized Statement of Charges*

Patient's Name: MR JOHN DOE  
 Please refer to patient's name, Mayo Clinic number and visit number on all correspondence.  
 Billing Account Number: 1-234-567  
 Addressee: MR JOHN DOE, 520 PLEASANT STREET, ANYTOWN, MN 09876

Mayo Clinic Number: 5800  
 Dates of Service: 01/02/05 - 01/03/05

**LIST OF SERVICES PROVIDED - RETAIN FOR YOUR RECORDS**

Service Code	Service Description	Amount
	VENIPUNCTURE SVC-OUTPATIENT	15.50
	POTASSIUM, PLASMA	24.00
	COMPREHENSIVE HISTORY & EXAM	124.15
	CARDIOVASC.	
	DETAIL FOLLOW-UP REPORT VISIT	83.65
	CARDIOVASC.	
	PHYSICIAN CHARGE	247.30

**Detailed Message Section - your insurance information and instructions**

- Important Information to Assist You**
- We have generated a claim for the following insurance company(ies): ABC Insurance
  - \*\* Verify the insurance is correct and notify us of any changes \*\*
  - This Itemized Statement of Charges is for your information only. You will be receiving a Monthly Statement of Account (your bill) reflecting your financial responsibility. The number above will help you identify this specific visit on your Monthly Statement of Account Services.
  - Please review this statement carefully. If you have questions, please contact Patient Account Services: Telephone 507-255-5670 or 800-660-4582
  - Retain this statement for your records.

**Glossary of Terms**

- Billing Account Number:** The account number of the person assigned to receive the bill. Refer to this number when contacting Mayo Clinic with questions.
- Coordination of Benefits:** An agreement that determines which insurance company has primary responsibility for payment.
- Crossover Supplemental Plan:** The process by which Medicare forwards the Medicare Summary Notice to the supplemental insurance company for processing.
- Diagnosis Code:** A code used to identify the diagnostic reason for providing the service.
- Explanation of Benefits:** A statement provided to the insured by the insurance company explaining how the insurance company processed the claim.
- HCFA 1500 (CMS):** The form used to file insurance claims for professional services.
- Itemized Statement of Charges:** This statement details services provided to the patient. A separate itemized statement is provided by each facility. The Mayo Clinic statement will outline physician services and tests. The hospital statement will outline charges for room, meals, nursing care, laboratory services and facility fees.
- Mayo Clinic Number:** The patient's personal identification number.
- Medicare Summary Notice:** A statement provided to Medicare beneficiaries by Medicare explaining how the claim was processed and paid.
- Monthly Statement of Account:** This is the Mayo Clinic bill.
- Primary Insurance Company:** The insurance company primarily responsible for payment of the claim.
- Secondary Insurance Company:** The insurance company responsible for processing the claim after primary insurance determination of benefits.
- Service Code:** A code used by insurance companies that defines the medical service provided.
- Supplemental Insurance Company:** An additional insurance policy that processes claims after Medicare reimbursement.

**New glossary of billing terms**

Patient's Name	Mayo Clinic Number	Visit Number	Dates of Service
MR JOHN DOE	1-234-567	5800	01/02/05 - 01/03/05

Please refer to patient's name, Mayo Clinic number and visit number on all correspondence.

Billing Account Number: 1-234-567

Statement Date: January 21, 2005

**Addressee**

MR JOHN DOE  
520 PLEASANT STREET  
ANYTOWN, MN 09876

**Services Provided By**

MAYO CLINIC ROCHESTER  
200 FIRST STREET SW  
ROCHESTER, MN 55905

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## LIST OF SERVICES PROVIDED - RETAIN FOR YOUR RECORDS

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### Important Information to Assist You

1. We have generated a claim for the following insurance company(ies):  
ABC Insurance

**\*\* Verify the insurance is correct and notify us of any changes \*\***

2. This Itemized Statement of Charges is for your information only. You will be receiving a Monthly Statement of Account (your bill) reflecting your financial responsibility. The visit number above will help you identify this specific visit on your Monthly Statement of Account.
3. Please review this statement carefully. If you have questions, please contact Patient Account Services:

Mayo Clinic  
TO-02-20-PFS  
200 First Street SW  
Rochester, MN 55905

Telephone 507-266-5670  
or 800-660-4582

4. Retain this Itemized Statement of Charges for your records.

## Glossary of Terms

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**Billing Account Number:** The account number of the person assigned to receive the bill. Refer to this number when contacting Mayo Clinic with questions.

**Coordination of Benefits:** An agreement that determines which insurance company has primary responsibility for payment.

**Crossover Supplemental Plan:** The process by which Medicare forwards the Medicare Summary Notice to the supplemental insurance company for processing.

**Diagnosis Code:** A code used to identify the diagnostic reason for providing the service.

**Explanation of Benefits:** A statement provided to the insured by the insurance company explaining how the insurance company processed the claim.

**HCFA 1500 (CMS):** The form used to file insurance claims for professional services.

**Itemized Statement of Charges:** This statement details services provided to the patient. A separate itemized statement is provided by each facility. The Mayo Clinic statement will outline physician services and tests. The hospital statement will outline charges for room, meals, nursing care, laboratory services and facility fees.

**Mayo Clinic Number:** The patient's personal identification number.

**Medicare Summary Notice:** A statement provided to Medicare beneficiaries by Medicare explaining how the claim was processed and paid.

**Monthly Statement of Account:** This is the Mayo Clinic bill.

**Primary Insurance Company:** The insurance company primarily responsible for payment of the claim.

**Secondary Insurance Company:** The insurance company responsible for processing the claim after primary insurance determination of benefits.

**Service Code:** A code used by insurance companies that defines the medical service provided.

**Supplemental Insurance Company:** An additional insurance policy that processes claims after Medicare reimbursement.

**Visit Number:** A number assigned to identify each episode of care. The number is used to track services and payments.



Patient's Name	Mayo Clinic Number	Visit Number	Dates of Service
MR JOHN DOE	1-234-567	5800	01/02/05 - 01/03/05

Please refer to patient's name, Mayo Clinic number and visit number on all correspondence.

### LIST OF SERVICES PROVIDED - RETAIN FOR YOUR RECORDS

Date of Service	Service Code	Service Description	Amount
MAYO CLINIC OUTPATIENT SERVICES			
01/02/05	G0001	VENIPUNCTURE SVC-OUTPATIENT	15.50
01/02/05	84132	POTASSIUM, PLASMA	24.00
01/02/05	99215-77	COMPREHENSIVE HISTORY & EXAM - CARDIOVASC.	124.15
01/03/05	99214	DETAIL FOLLOW-UP REPORT VISIT - CARDIOVASC.	83.65
TOTAL CHARGES			247.30

DIAGNOSIS CODE(S) FOR INSURANCE COMPANY USE: 440.21 356.9

\*PAYMENTS RECEIVED WILL BE REFLECTED ON YOUR MONTHLY STATEMENT OF ACCOUNT\*