Sample of Physician Bill

UCSF University of California San Francisco
Medical Center
P.O. Box 7813
San Francisco, CA 94120-7813

PATIENT NAME
STATEMENT SAMPLE

1 ACCOUNT NO.
43056123

YOUR BILL FOR PHYSICIAN SERVICES

BILLING DATE
12/18/01

MAKE CHECKS PAYABLE TO:
UCSF MEDICAL CENTER
P.O. Box 7813
San Francisco, CA 94120-7813

PATIENT/GUARANTOR

STATEMENT SAMPLE
539 MAIN LN
OAKLEY, CA 94561

2 PLEASE PAY THIS AMOUNT ➤ 36.00

3 AMOUNT PAID _____

PLEASE REFER TO THE BACK OF THIS PAGE FOR OTHER IMPORTANT INFORMATION
PLEASE RETURN TOP PORTION ONLY

DETACH HERE ⋎ ⋎ DETACH HERE

DATE OF SERVICE	INVOICE NUMBER	DEPT> PHYSICIAN: REFERRING MD SERVICE / BILLING ACTIVITY	REF#	AMOUNT	PATIENT BALANCE
4	5	6 7 8			
	8000290	NEUROLOGICAL SURGERY>BERGER:CAMPA	10	12	13
11/15/01	9	OUTPATIENT-ESTABLISHED-LEVEL 4	99214	211.00	
	11	INSURANCE PAYMENT 12/13/01		150.00CR	
		CONTRACTUAL ADJUSTMENT AMT		25.00CR	
		...Patient Responsibility			36.00
	14	--TOTALS-- Total Charges: 211.00			
		Ins. Paid: 150.00 Discnt: 25.00			
		Patient Payment: 0.00			

	CURRENT	> 30 DAYS	> 60 DAYS	> 90 DAYS	> 120 DAYS
Patient Responsibility 15	36.00	0.00	0.00	0.00	0.00

DATE	PATIENT NAME	ACCOUNT NUMBER
12/18/01	STATEMENT SAMPLE	43056123

The amount shown in the "PLEASE PAY THIS AMOUNT" box is due and should be PAID IMMEDIATELY.
If you would like to speak with a Customer Service Representative, please contact our Customer Service Center at (415) 353-3333
Business hours are 9:00 a.m. to 4:00 p.m. Monday-Friday.

16 IMPORTANT MESSAGES REGARDING YOUR ACCOUNT

857-163 (9/00)

UCSF MEDICAL CENTER • P.O. Box 7813 • San Francisco, CA 94120-7813

Descriptions for Physician Bill

1 Account Number
We will need your account number if you call us for assistance.

2 Please Pay This Amount
This is the total amount you are currently responsible for paying.

3 Amount Paid
Please indicate the amount you are paying. Detach the top portion of your statement and return it with your payment.

4 Date of Service
The date services were rendered.

5 Invoice Number
You can use this number to refer to a specific date of service.

6 Department
The name of the clinic or department in which you were seen.

7 Physician
The last name of the physician or other professional who provided care.

8 Referring Physician
The name of the physician who referred you for these services.

9 Service
A description of the service performed.

10 Reference Number
A code representing the services performed.

11 Billing Activity
The date and type of payments or adjustments posted to the invoice.

12 Amount
The amount column displays charges billed to your insurance as well as the amounts of any payments or adjustments.

13 Patient Balance
Refer to this column for the amount you owe on each invoice. If you have insurance coverage, this will be the amount remaining after your insurance carrier has paid. The total of these amounts equals the “Amount Due.”

14 Totals
This is a summary of the activity on your account.

15 Aging
Shows how long the your balances have been outstanding.

16 Important Messages
Messages specific to your account will appear here.