

Understanding Your Monthly Billing Statement

- The UF Health Monthly Statements shows activity and balances due for both hospital and professional services where a patient liability has been incurred.
- The 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.
- Please review the information enclosed and if you have any questions on your new statement please contact our Customer Service Department at (888)766-8154 option#1.

- 1 GUARANTOR ACCOUNT NUMBER:** a unique number assigned to the guarantor. This is the account number used to make payments on account or used when calling into customer service to discuss an account.
- 2 RESPONSIBLE PARTY:** The person or party who is financially responsible. Also called the guarantor of the account.
- 3 PATIENT NAME:** Name of the patient who received the services.
- 4 HOSPITAL AMOUNT DUE:** The amount owed on this statement for hospital / facility services (UF Health Shands).
- 5 PHYSICIAN AMOUNT DUE:** The amount owed on this statement for professional services (UF Health Physicians).
- 6 TOTAL ACCOUNT BALANCE:** The total current amount owed by this guarantor as of the statement date.
- 7 MINIMUM AMOUNT DUE & DATE:** The amount owed for this statement and the date the payment is due. Please allow time for payment to be received and posted.
- 8 CHARGES PENDING WITH YOUR INSURANCE:** Total charge amount currently pending with your insurance company on this guarantor account.
- 9 CURRENT INSURANCE ON FILE:** Your insurance information according to our files.
- 10 STATEMENT DATE:** The date the statement was generated
- 11 UFHEALTH MYCHART:** The link in this section provides information on access to the UFHealth MyChart web page. A resource for you to pay your bill, enable paperless billing and manage your health online.
- 12 PAYMENT OPTIONS:** This section advises on the various payment options available.
- 13 BILLING QUESTIONS:** Instructions on how to contact the Customer Service Department and access our online billing and insurance webpage.
- 14 RETURN PAYMENT COUPON:** Use this coupon to mail in a check or credit card payment. NOTE: the reverse side of this coupon provides the ability to make changes to address or insurance information.



JANE Q PUBLIC
123 MAIN ST
GAINESVILLE, FL 99999

Statement of Hospital and Physician Services

10 (As of Oct 31, 2016)

Thank you for choosing UF Health for your healthcare needs

11 MyUFHealth-Patient Portal
Sign up or log in to pay your bill, enable paperless billing and manage your health online at: UFHealth.org/mychart
Enrollment Code: abcd-efgh-jklm-nopq

Account Summary	
Guarantor Account Number	1 999999
Responsible Party	2 JANE Q PUBLIC
Patient Name	3 JANE Q PUBLIC
Hospital Amount Due	4 \$ 420.03
Physician Amount Due	5 \$ 15.50
Total Account Balance	6 \$ 435.53
Minimum Amount Due by 11/30/16	7 \$ 435.53
Charges Pending with your insurance	8 \$ 850.00

9 **Current Insurance on File**
Our records show the following insurance information on file. If your insurance information has changed, please indicate your changes on the reverse side of the payment form.

Primary: BCBS Gatorcare Prime Plus
Secondary: Not on file

12 **Paying Your Bill:** For your convenience, we have three (3) options available.

- **Online:** Pay your bill online at <https://billpay.ufl.edu>
- **Mail:** Pay your bill by mailing your payment with the bottom portion of your bill in the enclosed envelope.
- **Call:** Pay your bill over the phone at **(352) 265-7906** or **(888) 766-8154**.

If you are insured and have out-of-pocket responsibility (deductible, coinsurance, copayment) that you cannot afford to pay in full, please contact us at the customer service telephone number so we can work with you to arrange a manageable payment plan.

Please pay your bill in full for \$ 435.53 by 11/30/16

Financial Assistance: If you are uninsured or need help paying your medical bills please contact our Customer Service Department at **(352) 265-7906**, or toll free at **(888) 766-8154** or visit <https://ufhealth.org/financial-assistance>

13 **Billing Questions or Changes in Insurance**
Customer Service Representatives are available Monday through Friday between the hours of 8:30am and 5:00pm at **(352) 265-7906**, or toll-free at **(888) 766-8154**. Answers to commonly asked billing questions can also be found online at <https://ufhealth.org/billing-and-insurance-faq>

Please See Reverse Side for Account Detail

Responsible Party	Guarantor Account Number	Date Due
JANE Q PUBLIC	999999	11/30/16
Total Amount Due		
\$435.53		
If you are unable to pay the Total Amount Due, please call to make payment arrangements.		

14 Pay your bill by phone at **(352) 265-7906** or **(888) 766-8154**

VISA
 MasterCard
 DISCOVER
 AMERICAN EXPRESS

Card Number _____
Signature _____
Expiration Date _____

Check here if your address or insurance has changed. Please indicate your changes on the reverse side of this page.

Make Checks Payable to:
UF Health
PO Box 16051
Lewiston, ME 04243-9534

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Monthly Billing Statement (page 2)

Statement of Hospital and Physician Services

(As of October 31, 2016)

Account # 999999 - JANE Q PUBLIC Page 2

Date of Service	Provider	Description of Services	Charges	Adjustments	Insurance Payments	Patient Payments	Patient Balance
Physician							
06/24/16	Bubble, Michael, MD	99204-Office Visit Level 4 Contractual [Insurance] - Blue Cross	\$410.00	-\$255.00			
07/06/16		Insurance Payment - Blue Cross			-\$139.50		\$15.50
Hospital - Emergency							
HAR # 2008888888							
07/16/16-07/16/16	Carpenter, Karen, MD	Lab-Bact & Micro Lab-Urology CT Scan-General ER-General	\$54.00 \$21.00 \$830.00 \$675.00				
08/09/16		Contractual [Insurance] - Blue Cross		-\$35.00			
08/16/16		Insurance Payment - Blue Cross			-\$1,137.38		\$407.62
1-Deductible Amount, 2-Coinurance Amount							
Hospital							
HAR # 2007777777							
09/16/16-09/16/16	Welby, Marcus, MD	Lab-General Lab-Chemistry Lab-Immunology Lab-Hematology	\$15.00 \$89.00 \$256.00 \$70.00				
09/21/16		Contractual [Insurance] - Blue Cro		-\$306.00			
09/27/16		Insurance Payment - Blue Cross			-\$111.59		\$12.41
2-Coinurance Amount							
TOTAL			\$2,420.00	-\$596.00	-\$1,388.47	\$0.00	\$435.53

Physician Balance	Hospital Balance	Total Account Balance
\$15.50	\$420.03	\$435.53

IMPORTANT MESSAGES

Your payment is due in full on 11/30/2016. To pay your balance or to set up a payment plan, please call (352) 265-7906 or toll-free at (888) 766-8154, weekdays from 8:30am - 5:00pm.

You may now pay your billing statement or send us an inquiry online. Go to UFHealth.org/mychart for details.

This is your UF Health account profile.
Please make corrections and return with your payment or call (352) 265-7906 or (888) 766-8154.

<p>Changes</p> <p>Guarantor Account: 999999 Guarantor Name: Jane Q Public Street Address 1: 123 Main St Street Address2: City/State/Zip: Gainesville, FL 99999 Home Telephone: Work Telephone:</p>	<p>Primary Insurance</p> <p>Insurance CO: BCBS Gatorcare Prime Group/Plan: Policy ID #: Subscriber Name: Rel to Insured:</p> <p>Secondary Insurance</p> <p>Insurance CO: No Secondary Ins Group/Plan: Subscriber ID #: Subscriber Name: Rel to Insured:</p>
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- 15 DATE OF SERVICE: The date services were rendered, or the posting (or deposit) date of payment or adjustment.
- 16 PROVIDER: Identifies the UF Health provider or department who provided the services.
- 17 DESCRIPTIONS OF SERVICE: Description of the service, payment or adjustment code.
- 18 CHARGES: The amount charged for the service.
- 19 ADJUSTMENT: Insurance and patient adjustments posted to this account.
- 20 INSURANCE PAYMENTS: The insurance payments received on this account.
- 21 PATIENT PAYMENTS: Patient payments received for this account.
- 22 PATIENT BALANCE: the patient liability amount remaining on this account.
- 23 ACCOUNT TYPE: Identifies the account as either a professional (physician) account or a hospital account.
- 24 HAR#: Identifies the account number for the services provided.
- 25 TOTAL ACCOUNT BALANCE: The sum of all patient liability (patient balance) amounts on this statement.
- 26 IMPORTANT MESSAGES: This section will be populated with specific account information and alerts when needed.
- 27 ACCOUNT PROFILE: This section displays the current demographic and insurance information we have on file. You can also provide any updates/ changes in this section.