Cleveland Clinic Health System

JOHN SMITH
123 MAIN STREET
CLEVELAND, OH 44130-6262

Saturday, March 8, 2008

Pay on-line at **myaccount.clevelandclinic.org**

Summary Account Statement

Dear JOHN SMITH,

We are pleased that you selected Cleveland Clinic Health System to meet your recent health care needs. **Enclosed is your Summary Account Statement for Hospital Services only**, Please keep this statement for your records; it is the only detailed description of charges you will receive from us for this date of service. You may also receive separate bills from Professional Service Providers (such as Emergency Room Physicians, Anesthesiologists, Radiologists, etc.)

For further explanation of this process, please review the chart on the back of this letter.

Your Summary Account Statement Includes:

- **Personal Insurance Information Being Used On Your Behalf**
- **Description Of Charges Billed To Your Insurance Company**
- **Non-covered Charges Billed To You**

Please verify **Your Account Information** and **Your Insurance Information** we received at the time of service listed below. It is very important that this information be correct. If any information is incorrect, contact Customer Service to update your information.

In the coming weeks, we expect to hear from your insurance company. If we have difficulty with them, we may need your help. If there is a balance due from you, you will receive a bill from us. Payment for services is your responsibility.

Thank you for choosing Cleveland Clinic Health System. Feel free to contact Customer Service at 800-555-5555 or 800-555-5555 with any questions or concerns about your account.

Sincerely,

Patient Financial Services

YOUR ACCOUNT INFORMATION

Patient Name: JOHN SMITH
123 MAIN STREET
CLEVELAND, OH 44130-6262

Account Number: 1234567

Date of Service: 3/1/2008 - 3/3/2008

YOUR INSURANCE INFORMATION

Primary Insurance: AETNA
Policy Number: 7654321

Secondary Insurance: ANTHEM/COMMUNITY CHOICE PPO
Policy Number 3686668102

This Is A Visual Guide To Find Information On Your Billing Statement.

A Patient information currently on file.

B Insurance information currently on file.

C Phone numbers and address for you to contact us.

D Description of charges submitted to your insurance company.

E Total amount currently billed to your insurance company and yet unpaid.

F Non-covered charges billed to you.

G Please pay this amount by the date indicated.

Cleveland Clinic Health System

March 8, 2008
Account Number
1234567
Billing Statement for
John Smith
Date(s) of Service
03/01/08 - 03/03/08

SAMPLE

Please verify the account and insurance information below:

ACCOUNT INFORMATION (A)

Guarantor: John Smith
Address: 123 Main Street
Cleveland, OH 44130-6262

INSURANCE INFORMATION (B)

Primary Insurance Aetna
Policy Number 7654321
Secondary Insurance Anthem/Community Choice PPO
Policy Number 3686668102

HOW TO REACH US (C)

Customer Service
1-800-555-5555
1-800-555-5555
Monday - Friday 8:30 am - 4:00 pm
Si tiene preguntas por favor llame
1-800-555-5555 o al 1-800-555-5555

Written Correspondence
CCHS-Customer Service Suite 20 / RK10
PO Box 1234
Anytown, OH 12345-1278

You may be eligible for financial assistance.
Please see reverse side of this form.

Usted puede ser elegible para ayuda financiera.
Para mas informacion favor de llamar al
departmento de servicios pava el paciente.

DESCRIPTION OF CHARGES (D)

CHARGES BILLED TO YOUR INSURANCE	AMOUNT
Room Charge	2,980.00
General Pharmacy	1,133.59
General Supply	280.00
Lab – Chemistry	2,140.00
Lab – Hematology	319.00
Lab – Other	26.00
Diagnostic Radiology	314.00
Respiratory Services	2,445.00
Respiratory Services	540.00
Physical Therapy	335.00
Occupational Therapy	217.00
Emergency Services	459.00
Pulmonary Function	631.00
Electrocardiogram	123.00
Physical Therapy	335.00
Occupational Therapy	217.00
Emergency Services	459.00
Pulmonary Function	631.00
Diagnostic Radiology	314.00
Charges Pending with Insurance (E)	**12,911.59**

NON COVERED CHARGES (F)	
Telephone	1.50
Self Administered Drugs	23.50

Amount You Owe At This Time 25.00 (G)
This summarizes your charges. If you have any questions, please contact the Customer Service Department.

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*Detach and return with payment. Please make checks payable to: **Cleveland Clinic Health System** and write your account number on the check.*

For Credit Card Payments
☐ Discover Card
☐ Visa / MasterCard
☐ American Express

Card Number

Cardholder Name

Cardholder Signature

Expiration Date mm / yy

John Smith
Account Number: 1234567
Pay on-line at **myaccount.clevelandclinic.org**

Amount You Owe At This Time $25.00 (G)
Amount Enclosed $ ______

Cleveland Clinic Health System
PO Box 1234
Anytown, OH 12345-1278

93170300000001234565000999432985908234759084302000000O

What You Can Expect

We process your account based on the information provided at the time of service and bill your insurance company(ies).

You receive your Detail Account Statement from us.

You may receive bills from Professional Service Providers.

We wait for payment from your insurance company. In the event that payment is not received in a reasonable amount of time, we will contact them on your behalf.

If we have problems with your insurance company in processing your claim, we may need your help.

Once the insurance has been resolved, you receive a statement from us reflecting your financial responsibility.

What You Can Do

Look at your personal and insurance information. If it has changed or is incorrect, call our Customer Service Department listed on your Detail Account Statement.

Keep your Personal Account Statement for your records. It is the only service listing you will receive from us and will be helpful for matching up with the explanation of benefits (EOB) from your insurance carrier.

If you have questions about your Professional Services bill, contact that provider directly.

You may be asked directly by your insurance carrier to provide additional information. Please respond promptly, and let us know what information you've provided.

You may be asked to contact your insurance company to assist us. If you do not receive an explanation of benefits (EOB) from your insurance company within 30 days from receipt of this letter, please contact them regarding the status of your claim.

When you receive your bill, please pay promptly.

Cleveland Clinic Health System

March 8, 2008
Account Number
1234567
Billing Statement for
John Smith
Date(s) of Service
03/01/08 - 03/03/08

Please verify the account and insurance information below:

ACCOUNT INFORMATION

Guarantor: John Smith
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Cleveland, OH 44130-6262

INSURANCE INFORMATION

Primary Insurance Aetna
Policy Number 7654321

Secondary Insurance Anthem/Community Choice PPO
Policy Number 3686668102

HOW TO REACH US

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NON COVERED CHARGES	
Telephone	1.50
Self Administered Drugs	23.50

Amount You Owe At This Time 25.00

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Detach and return with payment. Please make checks payable to: ***Cleveland Clinic Health System*** *and write your account number on the check.*

For Credit Card Payments

- ☐ Discover Card
- ☐ Visa / MasterCard
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Card Number

Cardholder Name

Cardholder Signature

Expiration Date mm / yy

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Amount Enclosed $ ________

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