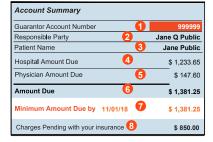
Understanding Your Monthly Billing Statement

- 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.



JANE Q PUBLIC GAINESVILLE, FL 32607-5305



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.

BCBS Gatorcare Prime Plus - XXXXXX1111 Medicaid Share of Cost - XXXXX2222

Please tear off bottom portion and return with your payment

Statement of Hospital Services and Physician Services



Thank you for choosing UF Health for your healthcare needs



Go Green!! It's Simple and Secure. Enrollment Code: NMHab-cdefg-hijkl

Paying Your Bill: For your convenience, we have three (3) options

- Online: Pay your bill online at UFHealth
 - Mail: Pay your bill by mailing your payment with the bottom
 - **Call:** Pay your bill over the phone at **(352) 265-7906** or **(888) 766-8154** Monday-Friday 8:30am 5:00pm EST.

Please pay your bill in full for \$1,381,25 by 11/01/18

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

Billing Questions or Changes in Insurance
If you have any questions regarding the bill you have received from UFHealth, you can reach a customer service representative by emailing us using the patient portal at UFHealth.org/mychart. Customer Service Representatives are available Monday through Friday between the hours of 8:30am - 5:00pm EST.

Answers to commonly asked billing questions can also be found online at https://ufhealth.org/billing-and-insurance-faq.

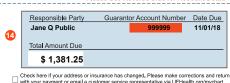
Please See Reverse Side for Account Detail



A collaboration of the University of Florida Health

Make Checks Payable to:

UF Health PO Box 16051 LEWISTON, ME 04243-9534



Card Number Signature

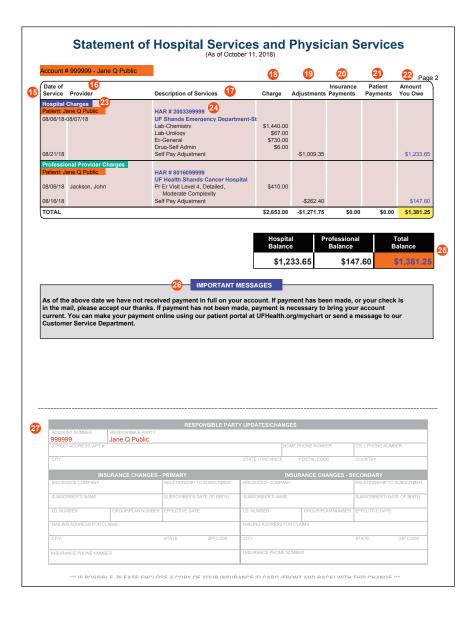
00000000000099999001341250

- 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.
- RESPONSIBLE PARTY: The person or party who is financially responsible. Also called the guarantor of the account.
- PATIENT NAME: Name of the patient who received the services.
- HOSPITAL AMOUNT DUE: The amount owed on this statement for hospital / facility services (UF Health Shands).
- PHYSICIAN AMOUNT DUE: The amount owed on this statement for professional services (UF Health Physicians).
- TOTAL ACCOUNT BALANCE: The total current amount owed by this guarantor as of the statement date.
- 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.
- CHARGES PENDING WITH YOUR INSURANCE: Total charge amount currently pending with your insurance company on this guarantor account.
- CURRENT INSURANCE ON FILE: Your insurance information according to our files.
- STATEMENT DATE: The date the statement was generated
- 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.
- PAYMENT OPTIONS: This section advises on the various payment options available.
- BILLING QUESTIONS: Instructions on how to contact the Customer Service Department and access our online billing and insurance webpage.
- 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.

(continued on the page 2)



Monthly Billing Statement (page 2)



- DATE OF SERVICE: The date services were rendered, or the posting (or deposit) date of payment or adjustment.
- PROVIDER: Identifies the UF Health provider or department who provided the services.
- DESCRIPTIONS OF SERVICE: Description of the service, payment or adjustment code.
- 18 CHARGES: The amount charged for the service.
- ADJUSTMENT: Insurance and patient adjustments posted to this account.
- 20 INSURANCE PAYMENTS: The insurance payments received on this account.
- PATIENT PAYMENTS: Patient payments received for this account.
- PATIENT BALANCE: the patient liability amount remaining on this account.
- ACCOUNT TYPE: Identifies the account as either a professional (physician) account or a hospital account.
- HAR#: Identifies the account number for the services provided.
- TOTAL ACCOUNT BALANCE: The sum of all patient liability (patient balance) amounts on this statement.
- 26 IMPORTANT MESSAGES: This section will be with specific account information and alerts when needed.
- 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.

