

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.

(continued on the page 2)



JANE Q PUBLIC
123 MAIN ST
GAINESVILLE, FL 32607-5305

Account Summary		
Guarantor Account Number	1	999999
Responsible Party	2	Jane Q Public
Patient Name	3	Jane Public
Hospital Amount Due	4	\$ 1,233.65
Physician Amount Due	5	\$ 147.60
Amount Due	6	\$ 1,381.25
Minimum Amount Due by 11/01/18	7	\$ 1,381.25
Charges Pending with your insurance	8	\$ 850.00

Current Insurance on File

- 9 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



Make Checks Payable to:

UF Health
PO Box 16051
LEWISTON, ME 04243-9534

Statement of Hospital Services and Physician Services

10 As of October 11, 2018

Thank you for choosing UF Health
for your healthcare needs

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Save Time! Pay Online!
MyUFHealth-Patient Portal
Sign up or log in to go paperless.
Manage your health online at
[UFHealth.org/mychart](https://ufhealth.org/mychart)
Go Green!! It's Simple and Secure.
Enrollment Code: NMHab-cdefg-hijkl

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

- 12
- Online:** Pay your bill online at [UFHealth.org/mychart](https://ufhealth.org/mychart)
 - Mail:** Pay your bill by mailing your payment with the bottom portion of your bill.
 - 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

- 13 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](https://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

Responsible Party	Guarantor Account Number	Date Due
Jane Q Public	999999	11/01/18
Total Amount Due		\$ 1,381.25

14 ☐ Check here if your address or insurance has changed. Please make corrections and return with your payment or email a customer service representative via [UFHealth.org/mychart](https://ufhealth.org/mychart)

☐ VISA ☐ MasterCard ☐ DISC. VER. ☐ AMERICAN EXPRESS

Card Number _____
Signature _____
Expiration Date _____ CVV Code: _____

000000000000999999001381250

Monthly Billing Statement (page 2)

Statement of Hospital Services and Physician Services

(As of October 11, 2018)

Account # 999999 - Jane Q Public

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15 Date of Service	16 Provider	17 Description of Services	18 Charge	19 Adjustments	20 Insurance Payments	21 Patient Payments	22 Amount You Owe
Hospital Charges							
Patient: Jane Q Public							
08/06/18-08/07/18		HAR # 2003399999 UF Shands Emergency Department-St					
		Lab-Chemistry	\$1,440.00				
		Lab-Urology	\$67.00				
		Er-General	\$730.00				
		Drug-Self Admin	\$6.00				
08/21/18		Self Pay Adjustment		-\$1,009.35			\$1,233.65
Professional Provider Charges							
Patient: Jane Q Public							
08/06/18	Jackson, John	HAR # 8016099999 UF Health Shands Cancer Hospital	\$410.00				
		Pr Er Visit Level 4, Detailed,					
		Moderate Complexity					
08/16/18		Self Pay Adjustment		-\$262.40			\$147.60
TOTAL			\$2,653.00	-\$1,271.75	\$0.00	\$0.00	\$1,381.25

Hospital Balance	Professional Balance	Total Balance
\$1,233.65	\$147.60	\$1,381.25

IMPORTANT MESSAGES

As of the above date we have not received payment in full on your account. If payment has been made, or your check is in the mail, please accept our thanks. If payment has not been made, payment is necessary to bring your account current. You can make your payment online using our patient portal at UFHealth.org/mychart or send a message to our Customer Service Department.

RESPONSIBLE PARTY UPDATES/CHANGES

ACCOUNT NUMBER 999999		RESPONSIBLE PARTY Jane Q Public	
STREET ADDRESS, APT #		HOME PHONE NUMBER	CELL PHONE NUMBER
CITY	STATE / PROVINCE	POSTAL CODE	COUNTRY
INSURANCE CHANGES - PRIMARY		INSURANCE CHANGES - SECONDARY	
INSURANCE COMPANY	RELATIONSHIP TO SUBSCRIBER	INSURANCE COMPANY	RELATIONSHIP TO SUBSCRIBER
SUBSCRIBER'S NAME	SUBSCRIBER'S DATE OF BIRTH	SUBSCRIBER'S NAME	SUBSCRIBER'S DATE OF BIRTH
I.D. NUMBER	GROUP/PLAN NUMBER	EFFECTIVE DATE	
MAILING ADDRESS FOR CLAIMS		MAILING ADDRESS FOR CLAIMS	
CITY	STATE	ZIP CODE	
INSURANCE PHONE NUMBER		INSURANCE PHONE NUMBER	

*** IF POSSIBLE PLEASE ENCLOSE A COPY OF YOUR INSURANCE ID CARD (FRONT AND BACK) WITH THIS CHANGE ***

- 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 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.