YOUR STATEMENT

The employees of Sharp HealthCare appreciate the opportunity to care for you.

Please verify the accuracy of the insurance information below and review your account summary and balance due.

If you do not have health insurance, you may be eligible for a government-sponsored program. For information, please visit www.coverageforall.org.

Customer Service Representatives are available to assist you with any questions you have, applications for financial assistance, and options for payment arrangements.

Statement Date  August 14, 2003

Your payment is due: 
Your balance due is: 

SUMMARY OF PATIENT SERVICES

Radiology $764.00
Therapy Services $754.00
TOTAL CHARGES $1,518.00

ACCOUNT SUMMARY

Service Date  7/29/03 to 07/30/03
Type of Service  Womens Serve IP
Account #  01-2345678

Billed Charges $1,518.00
Adjustments -68.00
Insurance Payments $1,300.00
Patient Payments 0.00
This is your balance due 150.00

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS
Understanding Your Bill

This statement represents hospital charges only.

1. **Patient Name**
   The person whose specimen was processed or actually treated at the hospital.

2. **Account Number**
   Your account number with your health care provider. Every new encounter creates a unique account number.

3. **Service Date**
   The range of dates the patient was treated. In some cases, such as laboratory draws, a range of dates are provided in case multiple tests were performed across several days. A charge itemization can be sent to you detailing all hospital services.

4. **Balance**
   The outstanding amount on the account. The balance is determined after insurance has processed this claim. If you feel this amount is inaccurate, please contact your insurance provider. If you cannot pay this balance in full, contact our customer service representatives at 858-499-2400.

5. **Service**
   The classification of care (e.g., outpatient, inpatient, emergency, etc.)

6. **Statement Print Date**
   The date the statement was printed.

7. **Guarantor**
   The person responsible for paying the bill. Patient statements are addressed to this person.

8. **Previous Balance***
   If your received previous bills or statements, this will represent the prior balance.

9. **Billed Charges***
   The total amount of charges billed to your insurance or to you directly. You may obtain a complete itemization of billed charges by contacting us at 858-499-2400.

10. **Adjustments***
    The amount of changes to the billed charges. This amount represents the insurance’s disallowed amount.

11. **Patient Payments***
    The amount of payments you have made toward the account.

12. **Insurance Payments***
    The amount of money paid by your insurance carrier.

13. **Payable To**
    Send the balance of your bill to this address.

*All outstanding balances are subject to charge based on account activity.