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Guarantor number:
Responsible party:
Statement date:

100000315
Test Patient
February 29, 2016

Patient: **Patient, Test**

Current Patient Balance Due

\$810.01

Payment due by: **March 29, 2016**

See following pages for statement details

The amount of \$810.01 current patient balance due includes the new patient balance of \$760.01 and your monthly payment plan amount of \$50.00. Please call (319) 384-2196 or toll free at (866) 393-4605 to update your payment plan agreement to include the new balances.

We appreciate you choosing UI Health Care for your health needs. If you have questions, want to set up a payment plan, or speak to a customer service representative (Para llamadas Gratis en todo el Pais), please call toll free (866)-393-4605. For help on how to read your bill please visit uihealthcare.org/howtoreadyourbill.

Do you have a change of insurance coverage? Please share your new insurance coverage by calling Pre-Access at (866)-309-0832.

Pay by Phone

Local - (319) 384-2196
Toll free - (866) 393-4605
8 a.m. to 5 p.m. Monday - Friday

Pay Online with MyChart

The easiest way to view your statements!
uihealthcare.org/mychart

Keep this portion for your records

Detach this portion and return with your payment or pay online at uihealthcare.org/mychart or uihealthcare.org/billpay



Make checks payable to:
University of Iowa Health Care

Credit Card Payment Information

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American <input type="checkbox"/> Discover		
CARDHOLDER NAME		
CARD #	EXP DATE	
SIGNATURE		
AMOUNT DUE	DUE DATE	AMOUNT ENCLOSED
\$810.01	3/29/2016	\$

UNIVERSITY OF IOWA HEALTH CARE
PO BOX 14551
DES MOINES IA 50306-3551

30301161000003150000810014

1. The "guarantor number" is the account number of the person responsible for paying the bill, followed by the name of that person (responsible party). Also listed here is the date the billing statement was created.

2. The gray box shows a summary of all patient visits that resulted in a bill. The "Current Patient Balance Due" is the minimum amount you need to pay now, followed by the date payment is due.

3. Important messages about your account are listed here. Please read them carefully and contact us if you have any questions.

4. Your payment options are listed here: by phone, online, or through the mail.

5. If you choose to mail in your payment, please include this portion (below the dashed line) with your payment. You may either fill out the credit card information or include a check.

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Accounts on Payment Plan

Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Visit to Emergency Department on December 07, 2015 Acct #1000000828	\$6,116.86	\$5,882.72	\$0.00	\$234.14
Visit to Emergency Department on December 07, 2015 Acct #1000000830	\$493.00	\$393.00	\$0.00	\$100.00
Total Outstanding Balance:				\$334.14
Current Amount Due:				\$50.00

6. This section lists the visits that are covered by a payment plan, meaning you've agreed with UI Health Care on an amount to pay each month for these items.

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Hospital Services

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Visit to IRL - Urology					Acct #4000000026
December 21, 2015					
	LABORATORY PATHOLOGICAL - GENERAL CLASSIFICATION	\$1,096.00			
	PROCEDURAL SERVICES	\$3,186.00			
December 28	BLUE CRO INSURANCE PAYMENT Coinsurance: 652.29		\$1,000.00		
December 28	BLUE CRO INSURANCE ADJUSTMENT		\$2,629.71		
Total					\$652.29
Visit to Radiology: FCC					Acct #1000000827
December 28, 2015					
This account detail is informational					
	RADIOLOGY - DIAGNOSTIC - GENERAL CLASSIFICATION	\$344.00			
	CLINIC - GENERAL CLASSIFICATION	\$182.00			
December 28	BLUE CRO UIHC ADJUSTMENT		\$182.00		
January 11	BLUE CRO INSURANCE PAYMENT		\$100.00		
January 11	BLUE CRO INSURANCE ADJUSTMENT		\$226.28		
Total					\$17.72

7. The services for hospital space and equipment that are not on a payment plan are listed here, such as room and board, lab tests, x-rays, etc.

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Professional Services

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Physician Services for Darbro, Benjamin W, MD in IRL - Urology					Acct #4000000027
December 21, 2015					
December 21	CYTO/MOLECULAR REPORT	\$255.00			
December 21	CYTOPATH, CELL ENHANCE TECH	\$214.00			
December 21	CYSTOURETHROSCOPY	\$847.00			
December 28	BLUE CRO INSURANCE PAYMENT		\$600.00		

8. The services from a physician or other provider that are not on a payment plan are listed here.

Guarantor number: **100000315**
 Responsible party: Test Patient
 Statement date: February 29, 2016

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
December 28	BLUE CRO INSURANCE PAYMENT		\$175.00		
December 28	BLUE CRO INSURANCE PAYMENT		\$215.00		
December 28	BLUE CRO INSURANCE ADJUSTMENT		\$166.00		
	Total				\$160.00
Physician Services for Shian, Brian X, MD in Family Medicine					Acct #1000000831
December 28, 2015					
December 28	OFFICE/OUTPT VISIT,EST,LEVEL III	\$164.00			
January 11	BLUE CRO INSURANCE PAYMENT - CLM #12345678A		\$120.00		
January 11	BLUE CRO INSURANCE ADJUSTMENT		\$14.00		
	Total				\$30.00
	9 Payments received not yet posted			\$100.00	
	10 Current Patient Balance Due:				\$810.01

9. This line contains the total of any payments UI Health Care has received from you, but are not yet applied to a specific date of service.

10. The “Current Patient Balance Due” is the minimum amount you need to pay now.