

We continually strive to improve our service to you, our valued patients. We have developed an improved statement that we believe will better meet your needs.

We have made every effort to make changes that will answer the most frequently asked billing questions we receive.

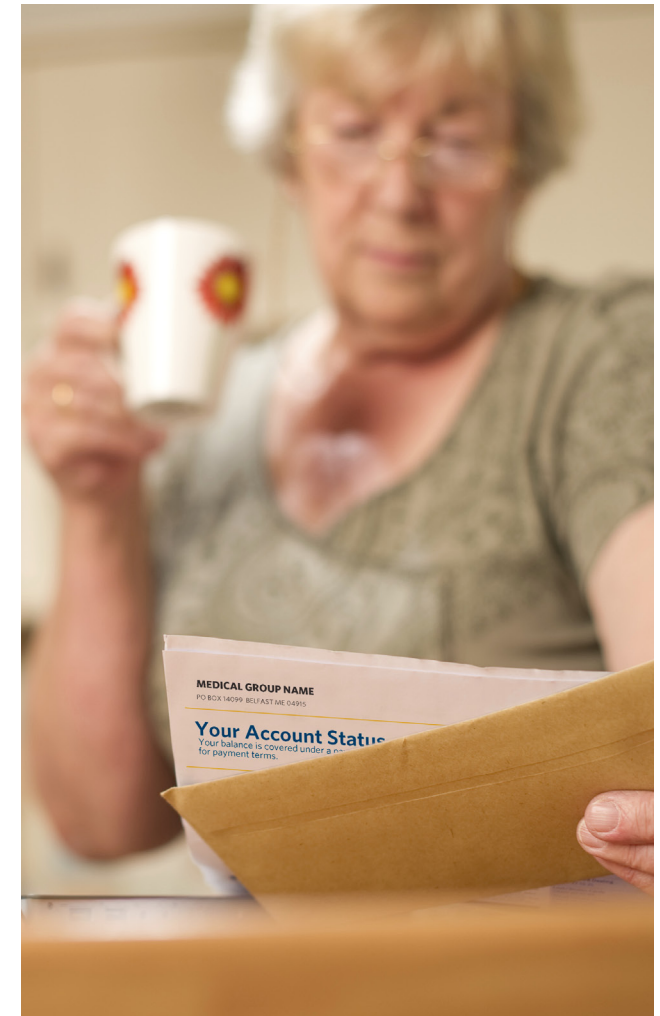
A sample with a brief explanation of our new statement is included in this brochure.

QUESTIONS?

We are happy to answer any questions you have. Just call our office.

Our New Billing Statement

Making Sense of Our Statement



Keys to Understanding Your Statement

Numbered areas point out where important information can be found on our newly formatted statement

MEDICAL GROUP NAME
PO BOX 14099 BELFAST ME 04915

1 Guarantor Name: John Doe
Patient Account #: 10000A000
Statement Date: 01/14/2016

2 **Your Account Status**
Your balance is covered under a payment plan. See plan details for payment terms.

3 **Payment Due**
\$50.00
Pay by 01/29/2016

4 **Choose a Payment Method**

Pay Online Recommended
Make a secure online payment: www.quickpayportal.com
QuickPay Code: 1111-2222-3333-444

Mail Payment
Mail your payment with the coupon below.
Make checks payable to: MEDICAL GROUP NAME.
Please include your account # on the check.

5 **Questions?** Have a question about your balance? Call 800-000-1000
Si tiene alguna pregunta sobre su estado de cuenta por favor llamar al 800-000-1000

Thank you for choosing MEDICAL GROUP NAME
Dunning Message
Patient Statement Note
Practice Statement Note

Enjoy the easy and security of paperless statements.
Visit the Patient Portal today to sign up.

6 **MEDICAL GROUP NAME**
PO BOX 14099
BELFAST ME 04915
RETURN SERVICE REQUESTED

7 **Pay Online At QuickPay**
www.quickpayportal.com | QuickPay Code: 1111-2222-3333-444

Date	Patient Account #
01/29/2016	10000A000
Amount Due	Amount Enclosed
\$50.00	

Make checks payable to MEDICAL GROUP NAME. Please include your account # on the check.

JOHN DOE
123 MAIN STREET
ANYWHERE MA 12345

MEDICAL GROUP NAME
ATTN # 00000Y
PO BOX 14000
BELFAST ME 04915-4033

8 Check box if insurance or patient information has changed.
Please indicate change on reverse side.

9 **FREQUENTLY ASKED QUESTIONS**

Your Statement

Why am I receiving this statement?
You are receiving this statement because either you or a dependent received services from a provider in our medical group. Services from providers that are not affiliated with our medical group are not included.

Why am I getting a bill from a provider whom I didn't see?
You may not meet all providers who assist with your care. For example, you may not have met the physician who supervises the nurse practitioner that assessed you, or the pathologist who reviewed your lab results.

Your Balance

Why don't I see my previous payment in this statement?
This statement includes only the outstanding charges on your account. If your previous payment was towards a charge that is no longer outstanding, you will see your previous payment and the closed charge on the first statement that is sent after the payment is processed, but not on subsequent statements.

Was my insurance billed and did they pay correctly?
If your insurance information was on file with our office, this statement reflects the contributions from your insurer. You should receive an explanation of benefits from your insurer explaining the remaining balance. Please contact your insurer if you have questions about your insurance eligibility, coordination of benefits, or why a service was not covered.

What do Copay, Deductible, Coinsurance, and Misc. next to my outstanding balances mean?
These terms indicate why you owe a balance and are related to your insurance coverage.

- Copay** - the set amount you must pay for a health care service.
- Deductible** - the amount you must pay for health care before your insurance benefits take effect.
- Coinsurance** - the percentage of health care costs you must pay once your insurer covers its share. Coinsurance typically goes into effect once the deductible has been reached.
- Misc.** - refers to other reasons you may owe a balance, such as a service not being covered by your insurer.

Why am I being billed twice for the same service?
If you received care in a hospital setting or clinic, you may be billed for both professional and facility fees, and you may see two charges for the same service. Professional fees are related to the time your caregiver spends treating you during your visit. Facility fees are for the use of the healthcare facility, equipment, supplies, and staff supporting your provider.

Making a Payment

How do I make a payment?
Please see the reverse side of this statement for more information about payment methods.

What if I can't pay my balance?
If you are unable to pay your balance, please contact our office as soon as possible so that we can discuss payment arrangements with you.

10 **If your information has changed, please indicate changes below and check the box on the reverse side of this page.**

Patient Information		Insurance Information	
Your Name (Last, First, Middle Initial)	Date of Birth	TPOB (PRIMARY Insurance Company's Name)	
Address		Primary Insurance Company's Address	
City	State	Zip	
Telephone		City	State
()		Zip	
Social Security #		Policyholder Name	Date of Birth
		See	
Employer's Name	Telephone	Policyholder's ID Number	Group Plan Number
()			
Employer's Address		Your SECONDARY Insurance Company's Name	
City	State	Secondary Insurance Company's Address	
Zip		City	State
		Zip	
Please Indicate if Applicable:	Date of Injury	Policyholder Name	Date of Birth
<input type="checkbox"/> AUTO ACCIDENT		See	
<input type="checkbox"/> WORKER'S COMPENSATION		Policyholder's ID Number	Group Plan Number

MEDICAL GROUP NAME
PO BOX 14099 BELFAST ME 04915

Guarantor Name: John Doe
Patient Account #: 10000A000
Statement Date: 01/14/2016

11 **Your Account Status**
Your balance is covered under a payment plan. See plan details for payment terms.

Charges	\$500.00
Previous Payments & Credits	\$350.00
Total Balance	\$150.00
Payment Due 01/29/2016	\$50.00

12 **Payment Plan Details**
Outstanding Balance: \$150.00 Plan Amount: \$50.00 Payment Terms: 35 days Indicates Payment Plan

PROFESSIONAL FEES
Charges for services rendered by a provider, such as an examination or explanation of results.

Patient Name	Provider Name	Service Location	Charge Status	Charges	Payments/Credits	Patient Balance
Jane Doe	Dr Smith	Main Street Office				
07/30/2015	OFFICE VISIT			\$200.00		
08/15/2015	Insurance Company: BCBS-FL		Processed		-\$150.00	\$50.00
	Patient Balance - Copay					
07/30/2015	EXAM			\$100.00		
11/21/2015	Insurance Company: BCBS-FL		Processed		-\$50.00	
11/21/2015	Credit - Employee Discount				-\$25.00	\$25.00
	Patient Balance - Copay					

PROFESSIONAL FEES
Charges for services rendered by a provider, such as an examination or explanation of results.

Patient Name	Provider Name	Service Location	Charge Status	Charges	Payments/Credits	Patient Balance
Jane Doe	Dr Johnson	Main Street Office				
11/09/2015	OFFICE VISIT			\$200.00		
12/01/2015	Insurance Company: BCBS-FL		Processed		-\$100.00	
12/01/2015	Credit - Patient Payment				-\$25.00	\$75.00
	Patient Balance - Deductible					

13 **TOTAL PATIENT BALANCE** \$150.00

STATEMENT EXPLANATIONS

- Basic details: Guarantor Name, Account Number, and Date statement was mailed
- Overview of the status of your account, including whether or not your insurance was successfully billed
- Total amount due and due date
- Instructions for how to pay your balance online and via personal check
- Phone number to call if you have questions
- Personalized message from our practice to you (where applicable)
- Area to write amount you will be paying this time. This coupon should be detached and included in the envelope if you pay by check
- Box to check if you need to submit any changes or corrections to your address or insurance information
- Frequently asked questions about balances
- Section to be completed if you need to submit any changes or corrections to your address or insurance information
- Overview of your balance: total charges, total credits, total balance, and amount due
- Descriptions of services provided and financial transactions such as payments and adjustments
- Total outstanding balance on your account. May be different than the amount due if you are on a payment plan