

July 10, 2010
Billing Statement for

Patient Name

Account Number: E00000000000000000

Insurance billed:

 Medicare
AARP

 Interested in staying well? Get the latest health tips, news and more from our new health information website at **ClevelandClinicHealth.com**.

 GUARANTOR NAME
 GUARANTOR ADDRESS 1
 GUARANTOR ADDRESS 2
 CITY STATE ZIP
 COUNTRY CODE

Account Summary (detail on page 3)

Last statement balance	\$	940.00
New charges since June 10	+	3,545.49
Paid by insurance or any adjustment since June 10		(640.00)
What you paid since June 10		(10.00)
Current account balance		3,835.49
Charges billed to insurance		3,245.49

This balance is due on or before July 28, 2010 **\$ 590.00**

Our records indicate some or all of your balance is past due. Please contact our office or make payment to Cleveland Clinic immediately to avoid further collection activity.

How to reach us
Billing questions or changes in insurance?

 Call from 7 a.m. to 7 p.m.
 EST weekdays 216.445.6249,
 toll free 866.621.6385, or fax
 216.445.8134, 24 hours,
 7 days a week.

Preguntas sobre su factura o cambios en su seguro?

 Llame de lunes a viernes,
 de 7 a.m. a 7 p.m. EST.

Written correspondence

 Cleveland Clinic
 Customer Service – DD5
 9500 Euclid Avenue
 Cleveland, OH 44195

How to make your payment

 Payments are applied to the oldest charges. You may pay your bill by check or credit card using the payment stub below. If you would like to allocate your payment to a particular facility, go to **myaccount.clevelandclinic.org** If you would like to allocate to a specific charge, call Customer Service at 866.621.6385.

Financial Assistance guidelines – see last page.

Para guías sobre Asistencia Financiera – vea la ultima página.

Detach and return with payment. Please make checks payable to Cleveland Clinic and write your Account number on the check.

Pay on-line at myaccount.clevelandclinic.org

 Discover Card Visa/MasterCard American Express

Card number

 Expiration date mm / yy

Cardholder name

Cardholder signature

 New address or insurance changes?
Check here and update reverse side.

Patient Name

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Payment due by July 28, 2010 **\$ 590.00**
Amount paid **\$**

 CLEVELAND CLINIC
 PO BOX 89410
 CLEVELAND, OH 44101-6410


July 10, 2010
Statement Date

Patient Name

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Thank you for choosing Cleveland Clinic.

Your co-payment will reflect when your insurance company processes your claim.

Our records indicate some or all of your balance is past due. Please contact our office or make payment to Cleveland Clinic immediately to avoid further collection activity.

Account Detail

Date Of Service	Department/Description	Total Charges	Last Statement Balance	New Charges	Paid By Insurance Or Any Adjustment	What You Paid	Charges Billed To Insurance	What You Owe Now
Children's Rehabilitation								
Hospital Services								
Reference # 1008741258								
2/1/2010	Therapy			300.00				300.00
<hr/>								
Cleveland Clinic Nevada								
Physicians and Clinical Professionals								
Reference # 08741259								
4/10/10	Las Vegas Neuro Institute EEG			250.00			250.00	0.00
Reference # 08741259								
4/10/10	Reno Neuro Institute EEG			250.00			250.00	0.00
Reference # 08741259								
1/17/10	Elko Neuro Institute EEG			300.00			300.00	0.00
<hr/>								
Cleveland Clinic Main Campus and Family Health Centers								
Physicians and clinical professionals								
Reference # 08741259								
4/10/10	Internal Medicine Physician Exam			200.00			200.00	0.00
Reference # 08741259								
1/17/10	Beachwood OB/Gyn Echo Exam of Pelvis	135.00	95.00			(5.00)		90.00
Hospital services								
Reference # 08741259								
4/11/10	Laboratory			675.00			675.00	0.00
	Pharmacy			59.49			59.49	0.00

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Cleveland Clinic Main Campus and Family Health Centers								
Physicians and clinical professionals								
	Reference # 08741259							
4/10/10	Internal Medicine Physician Exam			200.00			200.00	0.00
	Reference # 08741259							
1/17/10	Beachwood OB/Gyn Echo Exam of Pelvis	135.00	95.00			(5.00)		90.00
Hospital services								
	Reference # 08741259							
4/11/10	Pharmacy Hospital Services			675.00 55.00			675.00 55.00	0.00 0.00
Lakewood								
Hospital Services								
	Reference # 1008741260							
4/15/10	Radiology			581.00			581.00	0.00
	Reference # 1008741261							
12/9/2009	Total Charges Medicare Payment Medicare Adjustment	750.00	750.00		(440.00) (200.00)			110.00
Grand Total			\$940.00	\$3,545.49	(\$640.00)	(\$10.00)	\$3,245.49	\$590.00

We are here to serve you. The details in this statement may help you if you want to compare this information to information you have received from your insurance company, or if you want to follow up on an unpaid balance.

We will send you a monthly statement whenever you have an outstanding balance. We do this so you will always have current information about your account. If you need more information or help, refer to “How to reach us” on page one of this statement or call **216.445.6249** or toll free **866.621.6385**.

Cleveland Clinic Financial Assistance Program

Cleveland Clinic, with its hospitals and family centers, provide financial assistance for medically necessary care to patients who are in the U.S. legally and at family income levels up to four times the Federal Poverty Income Guidelines as shown below. Financial assistance applies to both hospital and physician services in Ohio, Florida and Nevada.*

Cleveland Clinic, its hospitals and family health centers offer basic, medically necessary hospital-level services free of charge to individuals who are residents of Ohio under the Ohio Hospital Care Assurance Program (HCAP). HCAP is available to persons who are not Medicaid recipients, who are currently eligible recipients of the Disability Assistance Programs or whose income is at or below 100% of the Federal Poverty Income Guidelines. By applying for financial assistance, using the Cleveland Clinic financial assistance application, you will be reviewed for HCAP.

Effective January 20, 2011

Size of Family Unit	Federal Poverty Income Level 2011	Cleveland Clinic Financial Assistance Income Guidelines**
1	\$10,890	\$43,560
2	\$14,710	\$58,840
3	\$18,530	\$74,120
4	\$22,350	\$89,400
5	\$26,170	\$104,680
6	\$29,990	\$119,960
7	\$33,810	\$135,240
8	\$37,630	\$150,520
For each additional person, add:	\$3,820	

* Unless special circumstances apply, only the following persons are eligible for financial assistance in each state where Cleveland Clinic has facilities:

- Ohio – Ohio residents
- Florida – residents of Broward and Palm Beach Counties
- Nevada – Nevada residents who live within a 150-mile radius.

** Family income level up to four times Federal Poverty Income Level (assistance provided on a sliding scale based on income level).

If you believe you may qualify or wish to receive more information regarding the financial assistance program at the Cleveland Clinic, please contact the Patient Financial Services Department. Florida: 954.689.5166. All other facilities at 866.621.6385.

Si usted cree que califica, o desea recibir más información sobre el programa de asistencia financiera de Cleveland Clinic, por favor contáctese con el Departamento de Servicios Financieros para el Paciente. Para el estado de la Florida: 954.689.5166. Para todas las otras locaciones: 866.621.6385.

MyChart – Your Interactive Health Record

MyChart is a secure, online health management tool that connects you to personalized health information including test results, upcoming and past appointments, and your list of medications. It is completely confidential. To sign up, please ask your physician or log onto **ccf.org/mychart**