

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

Page 1
July 10, 2010
Billing Statement for

## Patient Name

Insurance billed:

Medicare AARP

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.

Cardholder name

Cardholder signature

## 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.

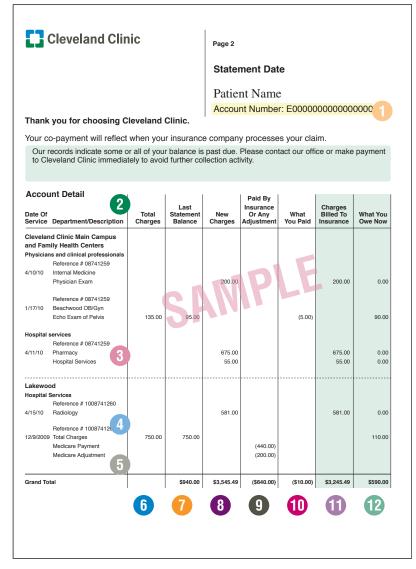
CLEVELAND, OH 44101-6410

Idaddadaallilaaaalldaddaladaaladadd

Detach and return with payment. Please make checks payab	ole to Cleveland Clinic and write your Ac	count nur	mber on the check.
Pay on-line at myaccount.clevelandclinic.org	New address or insurance char Check here and update reverse		
OISCOVER MasterCard EXPRESS	Patient Name Account Number: E000000000000000000000000000000000000	000000	
□ Discover Card □ Visa/MasterCard □ American Express	Payment due by July 28, 2010	\$	590.00
	Amount paid	\$	
Card number			
Expiration date mm / yy	CLEVELAND CLINIC PO BOX 89410		



### Use this visual guide to find information on your billing statement.



- This field will contain alpha and numeric characters.
- 2 Service details, including visit dates.
- 3 The hospital service charge is a facility charge assessed when the patient is seen in a physician's office owned by a hospital.
- 4 Your reference number for each hospital and professional services.
- Transferred to Collections, Payment Plan, and/or Loan Program
- 6 Initial amount billed.
- Account balance as of the date of your last statement.
- Charges for services appearing on your account for the first time.
- 9 All insurance payments or adjustments since your last statement.
- 10 Your payments made since your last statement. Values in () indicate credits to your account. At times, different dates of service may appear.
- Amount billed to your insurance company and yet unpaid.
- 12 Please pay this amount by the due date.

Pay My Bill Online at: myaccount.clevelandclinic.org

#### **Disputing Your Bill**

Please notify us if you think your bill is inaccurate. Written disputes should be mailed to: Cleveland Clinic Dispute Resolution Department; 6801 Brecksville Rd. STE 20 RK 60; Independence, OH 44131-9980. Please include the following information:

- · Your name and Account number.
- Identify the charge or charges you feel may be inaccurate.
- · Explain why you believe your bill is in error.

#### To update online, enroll in MyAccount at myaccount.clevelandclinic.org

#### Change of Address

If the address on page one is incorrect, check the box on the reverse side and clearly PRINT the information below.

Name	 
Address	 
City	 
State	
Phone ()	 
Account Number	
Patient Name	

#### Change of insurance information

**Employer Name** 

If you have a change of insurance coverage, check the box on the reverse side and clearly PRINT the information below. Will this  $\square$  replace or  $\square$  supplement existing coverage?

Policy Holder	
Date of Birth	
Insurance	
Name	
Address	
City/State/Zip	
Phone Number	
Policy Information	
Effective Date	
Policy Number	
Group Number	



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July 10, 2010
Statement Date

## Patient Name

## 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.

Accou	unt Detail	I	I	I	Paid By			
Date Of Service	Department/Description	Total Charges	Last Statement Balance	New Charges	Insurance Or Any Adjustment	What You Paid	Charges Billed To Insurance	What You Owe Now
Children	n's Rehabilitation							
Hospital								
	e # 1008741258							
2/1/2010	Therapy			300.00				300.00
Clevelar	nd Clinic Nevada							
	ns and Clinical Professionals							
	e # 08741259							
4/10/10	Las Vegas Neuro Institute							
	EEG			250.00			250.00	0.00
Reference	e # 08741259							
4/10/10	Reno Neuro Institute							
	EEG			250.00			250.00	0.00
	e # 08741259							
1/17/10	Elko Neuro Institute			000.00			000.00	0.00
	EEG			300.00			300.00	0.00
	nd Clinic Main Campus nily Health Centers							
	ns and clinical professionals							
	e # 08741259							
4/10/10	Internal Medicine							
	Physician Exam			200.00			200.00	0.00
Deference	- # 00744050							
1/17/10	e # 08741259 Beachwood OB/Gyn							
1/1//10	Echo Exam of Pelvis	135.00	95.00			(5.00)		90.00
	LONG LAGIN ON 1 GIVIS	100.00	33.00			(5.00)		30.00
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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July 10, 2010
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Date Of	ınt Detail	Total	Last Statement	New	Paid By Insurance Or Any	What	Charges Billed To	What You
Service	Department/Description	Charges	Balance	Charges	Adjustment	You Paid	Insurance	Owe Now
Clevelar	nd Clinic Main Campus							
and Fam	nily Health Centers							
Physician	ns 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 s	services							
	Reference # 08741259							
4/11/10	Pharmacy			675.00			675.00	0.00
	Hospital Services			55.00			55.00	0.00
Lakewoo	 od							
Hospital 9	Services							
	Reference # 1008741260							
4/15/10	Radiology			581.00			581.00	0.00
	Reference # 1008741261							
12/9/2009	Total Charges	750.00	750.00					110.00
	Medicare Payment				(440.00)			
	Medicare Adjustment				(200.00)			
					(255.50)			
Grand To	tal		\$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**