

Understanding Your New Cleveland Clinic Billing Statement

Page 1: General Statement Information

Use this guide to understand the different aspects of your Cleveland Clinic Patient Statement. The billing statement now includes all charges that you are responsible for, including yours and any dependents in one document. You will no longer receive separate statements for your dependents.

Description of account activity summarizing your **total charges**, **insurance activity** with pending items, **previous patient payments** along with a **balance due date**.



Cleveland Clinic
PO Box 93766
Cleveland, OH 44101-9003

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Balance Remaining
\$325⁰⁰

Important Message
You have been pre-qualified for a payment plan with Cleveland Clinic. Complete the enrollment process through mychart.clevelandclinic.org.

Guarantor Mailing Address

Account Summary
 Guarantor Account E14

Guarantor #	See Page 3
Statement Date	03/17/2026
Total Charges	\$17,681.80
Insurance Pay/Adjust	-\$17,328.80
Patient Pay/Adjust	\$0.00
Insurance Pending	-\$28.00
Amount Due	\$325.00

Payment due by 04/06/2026

Payment Methods



Pay online
mychart.clevelandclinic.org



Pay by phone
(833) 817-8630
using your **Personal ID: 10**



Scan this QR code for quick access with smartphone

Customer Service
If you have any questions, contact Customer Service at (866) 621-6385 or send Customer Service a message from the Account Summary Page after logging into MyChart.

Convenient ways to pay your balance.

Have your Personal ID ready if paying by phone.

The **QR code** may be used to access MyChart, manage communication methods, view statements, and **review payment options**.

You have the option to pay in full or **start a payment plan** based on the payment amount provided.

Enrollment should be done through MyChart.

Payment Options

Pay Monthly
\$54.16
6 Payments

OR

Pay In Full
\$325.00
due upon receipt

[Enroll at mychart.clevelandclinic.org](http://mychart.clevelandclinic.org)

Please detach and return bottom portion with your payment.



Cleveland Clinic

Pay Online
mychart.clevelandclinic.org

If you would like a payment applied to a specific account or date of service, please pay through MyChart via mychart.clevelandclinic.org.

- Include Guarantor Account on your check
- Make checks payable to: Cleveland Clinic

Guarantor Account

Guarantor Name

Due Date
04/06/2026

Minimum Amount Due \$325.00

Amount Enclosed

Cleveland Clinic
PO Box 89410
Cleveland, OH 44101-6410

If paying through the mail, detach the bottom of this page and include with your payment.
If paying by check, include the account number and make payable to Cleveland Clinic.

Page 2: Summary of Financial Assistance

Page 2 describes financial assistance information. Please review and contact customer service as needed.

Page 3: Description of Charges

Page 3 describes the charges for you and/or your dependents.

Accounts on a Payment Plan would be shown in their own separate section.

The grey area lists the visit information for a **specific patient** along with their **patient account number**.

Statement Date

03/17/2026

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Guarantor Name

Guarantor Account

Accounts Not on a Payment Plan

Description	Charges	Insurance Pmt/Adj	Patient Pmt/Adj	Patient Balance
Hospital Services				
Patient Acct #: E1	Reference #: 1	Guarantor #: 2		
Patient Name:	Service Date: 10/22/2025 - 10/23/2025			
Location: Main/Family Health Centers	Insurance Billed: UP			
ANESTHESIA	\$1,910.00			
LABORATORY	\$239.00			
LABORATORY - PATHOLOGY	\$1,619.00			
MEDICAL SUPPLIES	\$71.10			
OPERATING ROOM SERVICES	\$11,068.00			
PHARMACY	\$212.70			
RECOVERY ROOM	\$2,562.00			
Insurance Payment and Adjustments		-\$17,328.80		
Insurance Pending		-\$28.00		
Patient Payment and Adjustments			\$0.00	
Account Subtotals	\$17,681.80	-\$17,356.80	\$0.00	\$325.00
Account (Non-Payment Plan) Totals	\$17,681.80	-\$17,356.80	\$0.00	\$325.00

This is your total **responsibility** remaining on a charge.

Look for **color changes** if an account is past due.

Grey Bar Descriptions

You can see the Account Number and date of service for the patient here along with other important information like insurance billed.

Column Descriptions

Description summarizes the types of charges assigned to your account. If you have professional charges due, the physician's name assigned to that charge will be reflected.

- Insurance pending charges mean that your insurance is still considering a charge and may assign you a responsibility based on your benefit plan.

Charges show the dollars associated with the charge descriptions. In many instances, charges with the same description from multiple days are summed into one single line.

Insurance Payments and Adjustments are all insurance and other adjustments credited to the charge.

Patient Payments and Adjustments are all patient payments and adjustments credit to the charge.

Patient Balance is any amount still due on the charge requiring payment. This will display highlighted in yellow or red if the bill is past due.

Contact Box

This displays general contact information and Instructions for submitting a disputed charge.



Written disputes should be mailed to
CCF - Billing Dispute Resolution
PO BOX 932563
CLEVELAND OH 44193

Please include the following information

- Patient name and account number
- The charge in question (Reference Number)
- If this involves a charge discrepancy compared to an estimate you received
- Why you feel the disputed charge is inaccurate

 Nearly all of the Cleveland Clinic sites are on a single statement.

However, there are a few services that continue to bill separately: for example some physicians who practice at our community hospitals, some radiology, anesthesiology, and certain laboratory services.



Contact Us By Phone
866.621.6385 or 216.445.6249 8:00 am - 6:00 pm
EST Monday-Thursday, 8:00 am - 4:30 pm Friday

Póngase en contacto con nosotros por teléfono
Lláme de lunes a jueves, de 8:00 am - 6:00 pm, y los viernes, de 8:00 am - 4:30 pm.

تواصل معنا عبر الهاتف، من الاثنين إلى الخميس، من الساعة 8:00 حتى صباحاً 4:30 مساءً، ومن الجمعة، 8:00 حتى صباحاً 4:30 مساءً.

 **Contact Us By Chat**
www.ccf.org/billing

 **Contact Us By Mail**
CCF - Customer Service
PO BOX 932563
CLEVELAND OH 44193