

November 1, 2012
Billing Statement for

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

Patient Name

Billing Account No.: E00000000000000000

Insurance billed:

 Medicare
 AARP

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

Account Summary (detail on page 3)

Last statement balance	\$	845.00
New charges since October 1	+	2,615.49
Paid by insurance or any adjustment since October 1		(730.00)
What you paid since October 1		(5.00)
Current account balance		2,725.49
Charges billed to insurance		2,315.49

This balance is due on or before November 21, 2012 **\$ 410.00**

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 8 a.m. to 6 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 8 a.m. a 6 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

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

 Patient Name
 Billing Account No.: E00000000000000000

Payment due by November 21, 2012 **\$ 410.00**
Amount paid **\$**

 Card number

 Expiration date mm / yy

 Cardholder name

 Cardholder signature

 CLEVELAND CLINIC
 PO BOX 89410
 CLEVELAND, OH 44101-6410


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

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 10/31/12 Therapy									
					300.00				300.00
Cleveland Clinic Nevada Physicians and Clinical Professionals Reference # 08741259 10/21/12 Las Vegas Neuro Institute EEG Reference # 08741259 10/12/12 Reno Neuro Institute EEG Reference # 08741259 10/8/12 Elko Neuro Institute EEG									
					250.00			250.00	0.00
					250.00			250.00	0.00
					300.00			300.00	0.00
Cleveland Clinic Main Campus and Family Health Centers Physicians and clinical professionals Reference # 08741259 10/7/12 Internal Medicine Physician Exam Reference # 08741259 8/12/12 Beachwood OB/Gyn Echo Exam of Pelvis To Collection Agency Hospital services Reference # 08741259 10/9/12 Laboratory Pharmacy									
					200.00			200.00	0.00
			135.00	95.00		(90.00)	(5.00)		
					675.00			675.00	0.00
					59.49			59.49	0.00

- 1 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.
- 5 Transferred to Collections, Payment Plan, and/or Loan Program
- 6 Initial amount billed.
- 7 Account balance as of the date of your last statement.
- 8 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.
- 11 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.

November 1, 2012
Statement Date

Patient Name

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Thank you for choosing Cleveland Clinic.

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 # X1008741258								
10/31/12	Therapy			300.00				300.00
<hr/>								
Cleveland Clinic Nevada								
Physicians and Clinical Professionals								
Reference # X08741259								
10/21/12	Las Vegas Neuro Institute EEG			250.00			250.00	0.00
Reference # X08741259								
10/12/12	Reno Neuro Institute EEG			250.00			250.00	0.00
Reference # X08741259								
10/8/12	Elko Neuro Institute EEG			300.00			300.00	0.00
<hr/>								
Cleveland Clinic Main Campus and Family Health Centers								
Physicians and clinical professionals								
Reference # X08741259								
10/7/12	Internal Medicine Physician Exam			200.00			200.00	0.00
Reference # X08741259								
8/12/12	Beachwood OB/Gyn Echo Exam of Pelvis To Collection Agency	135.00	95.00		(90.00)	(5.00)		
Hospital services								
Reference # X08741259								
10/9/11	Laboratory			675.00			675.00	0.00
	Pharmacy			59.49			59.49	0.00

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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
Lakewood								
Hospital Services								
	Reference # X1008741260							
4/15/10	Radiology			581.00			581.00	0.00
	Reference # X1008741261							
12/9/09	Total Charges	750.00	750.00					110.00
	Medicare Payment				(440.00)			
	Medicare Adjustment				(200.00)			
Grand Total			\$845.00	\$2,615.49	(\$730.00)	(\$5.00)	\$2,315.49	\$410.00

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, 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.

Cleveland Clinic, its hospitals and family health centers, provide financial assistance for medically necessary care to patients without insurance 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 physicians services in Ohio, Florida and Nevada.*

Effective January 24, 2013

Size of Family Unit	Federal Poverty Income Level 2013	Cleveland Clinic Financial Assistance Income Guidelines**
1	\$11,490	\$45,960
2	\$15,510	\$62,040
3	\$19,530	\$78,120
4	\$23,550	\$94,200
5	\$27,570	\$110,280
6	\$31,590	\$126,360
7	\$35,610	\$142,440
8	\$39,630	\$158,520
For each additional person, add:	\$4,020	

* 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**