

Statement Walkthrough

The information below will help to explain each section of your statement.

1. The Sutter Health medical foundation or facility where you were seen.
2. A **Hospital Services Bill Summary** is a statement from a Sutter Health hospital. A **Physician Services Bill Summary** is a statement from your doctor.
3. Summary of your outstanding balance. This includes:
 - a. Previous balance.
 - b. New charges since your last statement.
 - c. Payments/adjustments received since your last statement.*
4. The total amount due, due date and reminder for overdue accounts, if applicable.
5. Insurance information we have on file for you.
6. Patient and Guarantor information. The **patient** is the recipient of the services and the **guarantor** is the responsible party for the balance due. The **Guarantor Account #** is your unique identifier. For hospital services, you will see **Hospital Account #**.
7. Payment options with billing and financial assistance contact information.
8. Include this payment slip in the envelope if you mail in a check payment. For your security, do not send credit card information.
9. Total amount due from patient/guarantor with the due date.
10. This section includes information about:
 - a. Type of service provided.
 - b. Date(s) of service.
 - c. Name of the provider (physician statement only).
 - d. Charges and associated payments/adjustments.**
 - e. Balance owed.
 - f. Summary of services (initial hospital statement only).
 - g. Insurance remarks, if applicable.
11. Information on the Fair Debt Collection Act (hospital statement only).
12. Information about the Sutter Health online patient portal, My Health Online (MHO).

Note: For hospital services, you will receive a separate statement for each visit. For Physician services, you will receive one statement inclusive of all services received.

*Payments: the amount you have paid and/or your insurance provider has paid. Adjustments: the amount that the healthcare provider has agreed not to charge.

**For more detailed information on charges, call the number listed within the "Billing Help" section, item #7.

HOSPITAL SERVICES BILL SUMMARY

Total Charges	1,077.00
Payments/Adjustments	- 1,027.00
New Balance	\$ 50.00

Payment Due
Your Insurance Has Been Billed.
Your Responsibility To Pay Is
\$ 50.00

Please Pay In Full By
01/02/20

*****PAST DUE REMINDER*****
Your account is now 31-60 days past due and requires your attention. Should you have a question with regard to the amount due, please contact us today.

Insurance Information On File
Primary: Blue Cross
Secondary: No Secondary Insurance

Patient Name: **John Q. Public**
Guarantor Name: John Q. Public
Guarantor Account #: 00000000
Hospital Account #: 000000000
Bill Date: 12/03/19

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For your security, credit card payments are accepted online or by phone.

Pay Online (Recommended)
myhealthonline.sutterhealth.org

Pay By Phone (24/7)
Call 855-398-1633.

Pay By Mail
Send your check using the coupon below.

Billing Help
Call 855-398-1633, 7:00am - 5:00pm, Monday through Friday. When asked, please provide your account number, which is **000000000**. Please note that our call volumes are heaviest on Mondays, which may result in longer than average wait times. Si necesita asistencia en Español favor de llamar al Departamento para Servicio al Cliente al siguiente numero 1-855-398-1633

Financial Assistance
Call 855-398-1633. Please tell us if you cannot pay your bill in full and let us help you. Monthly payment plans and other financial assistance programs are available for patients that meet certain financial criteria. To learn more, visit www.sutterhealth.org/for-patients/financial-assistance.

Please See Reverse Side for Account Detail.

Please note that it may take up to three (3) business days for your payment to post.

114 1 SP 0.500

JOHN Q. PUBLIC
123 MAIN STREET
ANYTOWN, USA 12345-6789

Account Number: 000000000
Due Date: 01/02/20
Payment Due \$ 50.00
Amount I am paying \$

Pay online at myhealthonline.sutterhealth.org or by phone at 855-398-1633. We accept Visa, MasterCard, Discover, and American Express.

Make Checks Payable to:
Medical Center
PO Box 276105
Sacramento, CA 95827-6105

Emergency Department Visit

Date of Service: 11/24/19

Charges	\$ 1,077.00
Payments	- 757.75
Adjustments	- 269.25
Patient Responsibility	\$ 50.00

Payment Due \$ 50.00 | Please Pay In Full By 01/02/20

Insurance Remarks
A-Co-payment Amount

Patient Name: **John Q. Public**
Guarantor Name: John Q. Public
Guarantor Account #: 00000000
Hospital Account #: 000000000
Bill Date: 12/03/19

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This statement reflects hospital charges only. Physicians will bill you separately. You may receive additional bills from these or other health care providers. Should you have any questions concerning those bills, please contact them.

State and Federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, or making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (382-4357) or online at www.ftc.gov.

Nonprofit credit counseling services, as well as consumer assistance from local legal services offices, may be available in your area. Please contact Patient Financial Services office at 855-398-1633 for a referral.

My Health Online

Paying your bill is easy with Sutter Health's My Health Online. Sign up today!

Log in or enroll at myhealthonline.sutterhealth.org

With My Health Online, you can also:

- View the details of your bill
- Book appointments
- Email your doctor
- View your health records and lab results - and more!

19-S3-0015098