

# Sample of UCSF Hospital Itemized Statement

## HOSPITAL ITEMIZED STATEMENT

**UCSF Medical Center**

PATIENT FINANCIAL SERVICES  
 BOX 0810  
 SAN FRANCISCO, CA 94143-0810  
 FEI # 94-3281657

DATE OF BILL	DATE OF PREV. BILL	HOSP. NO.	PAGE NO.
07/12/06		050454	1

F PATIENT NAME	ACCOUNT NUMBER	ADMISSION DATE	DISCHARGE DATE	DAYS
Patient Name	12345678	03/16/06		

**ADDRESS SERVICE REQUESTED**

Patient Name Patient Address1 Patient Address2 City, State, Zip	C.O.B.	INSURANCE COMPANY NAME	GROUP #	POLICY NUMBER
	1	ABC Insurance		*****9999
				AMOUNT OF PAYMENT \$

FOR CHANGES IN PATIENT AND/OR INSURANCE INFORMATION, OR TO PAY BY CREDIT CARD, CHECK HERE AND COMPLETE THE BACK. PLEASE MAKE CHECKS PAYABLE TO UC REGENTS AND RETURN THIS PORTION WITH YOUR PAYMENT.

DATE OF SERVICE	QUANTITY	SERVICE CODE	DESCRIPTION OF HOSPITAL SERVICES	TOTAL CHARGES	AMOUNT BILLED TO INSURANCE 1	AMOUNT BILLED TO INSURANCE 2	PATIENT AMOUNT
			<b>DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS</b>				
031606	1	4100101	COMP AUD THRSH EVAL & REC	200.00	200.00		
031606	1	4100251	TYMPANOMETRY	117.00	117.00		
031606	1	4100465	CONDITIONED PLAY AUDIOM	162.00	162.00		
			BALANCE FORWARD	0.00			
			SUMMARY OF CURRENT PAYMENTS/ADJUSTMENTS	0.00	0.00		
			<b>SUMMARY OF CURRENT CHARGES</b>				
			AUDIOLOGY	479.00	479.00		
			<b>TOTAL OF CURRENT CHARGES</b>	479.00	479.00		

<b>T O T A L S</b>							
ACCOUNT NUMBER	12345678	(PLEASE REFER TO ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.)	PAY THIS AMOUNT				0.00

**UCSF Medical Center**

QUESTIONS? PLEASE CALL UCSF: 415-673-1113  
 MONDAY THROUGH FRIDAY, 9AM TO 3PM PST

TOTAL CHARGES = 479.00

Additional patient billing may be necessary for any charges not posted when this bill was prepared, or if insurance carriers do not pay any part of the amounts billed to insurance. Based on income requirements, you may be eligible for a Government program, access to Charity Care, or Financial Assistance. For information please contact Patient Financial Services at 415-673-1113.

## Descriptions for UCSF Hospital Itemized Statement

The following keys will help you understand your itemized statement. Please use this reference guide to define numbered items on the sample statement.

- 1 Account Number**  
We will need your account number if you call us for assistance.
- 2 Admission Date**  
This is the date admitted to the hospital or the registration date for clinic visits.
- 3 Discharge Date**  
This is the date discharged from the hospital or it is the last day of the month in which clinic services were provided.
- 4 Insurance Company Name**  
Name of insurance or payer on this account.
- 5 Policy Number**  
This is the last four digits of the I.D. number assigned to your policy by your insurance carrier or payer.
- 6 Date of Service**  
This is the date services were provided.
- 7 Quantity**  
This displays the number of services provided. Any payments or adjustments will also display the numeral one in this field.
- 8 Service Code**  
A code assigned by the hospital that identifies each service provided.
- 9 Description of Hospital Services**  
Describes the services provided, and any payments or adjustments posted to your account.
- 10 Total Charges**  
The amount charged for each service provided.
- 11 Amount Billed to Insurance No. 1**  
The amount billed to your primary insurance.
- 12 Amount Billed to Insurance No. 2**  
This field will be blank until primary insurance payment is received.
- 13 Patient Amount**  
This is the portion of the charge your insurance does not cover.
- 14 Summary of Current Charges**  
These are the total charges on your account summarized into types of services.
- 15 Pay This Amount**  
This is the amount due on this statement.
- 16 Total Charges**  
This displays the total of columns, 11, 12 and 13.

**Questions?** UCSF's Patient Financial Service representatives are available to answer your questions Monday through Friday, from 9 a.m. to 3 p.m. P.S.T.  
Please call (415) 673-1113 for assistance.