Understanding Your Monthly Billing Statement

**1. STATEMENT DATE:** The date the statement was created.

**2. GUARANTOR NAME:** The person or party who is financially responsible for all the accounts on the statement.

**3. GUARANTOR ID #:** A unique number assigned to the Guarantor.

**4. ACCOUNT NUMBERS:** Your account number[s] are found on the second and subsequent pages of your statement. You may have more than one account number for the same service (for example, Radiology and Pathology) if both hospital and (separately billed) professional charges apply.

**5. PAYMENT DUE DATE:** The date that payment is due.

**6. PRIOR STATEMENT DATE:** The date of your last statement.

**7. PATIENT PAYMENTS RECEIVED SINCE YOUR LAST STATEMENT:** The total of patient payments received since the prior statement.

**8. CURRENT BALANCE:** The total amount owed by the guarantor as of the statement date.

**9. AMOUNT DUE NOW:** The amount owed for this statement.

**10. PAYMENT OPTIONS:** This section advises on the various payment options available. You can also scan the QR code in this section with your smartphone to make a payment.

**11. RETURN PAYMENT COUPON:** Use this coupon to mail in a credit card or check payment. NOTE: the reverse side of the coupon provides the ability to make changes to address or insurance information.

**12. UCSFMYCHART:** The link in this section provides information on access to the UCSFMyChart web page. UCSF MyChart is an online resource for your routine health care needs.

**13. QUESTIONS:** See various ways to contact Patient Financial Services.

**14. A MESSAGE FOR YOU:** This section will be populated with specific account information and alerts when needed.

(continued on the page 2)
## Monthly Billing Statement (page 2)

### ACCOUNTS NOT ON PAYMENT PLAN

<table>
<thead>
<tr>
<th>Date</th>
<th>Code</th>
<th>Charge Description</th>
<th>Charge Amount</th>
<th>Insurance Payment</th>
<th>Insurance Adjustment</th>
<th>Patient Adjustment</th>
<th>Patient Payment</th>
<th>Patient Liability</th>
</tr>
</thead>
<tbody>
<tr>
<td>C71314</td>
<td>C730</td>
<td>EMERGENCY ROOM</td>
<td>2,230.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>2,230.00</td>
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<td>C820</td>
<td>Pharmacy</td>
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<td>230.00</td>
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<td>C71314</td>
<td>C254</td>
<td>Radiology - Diagnostic</td>
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<td>0.00</td>
<td>317.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Account Summary**: 2,835.90

### PROVIDER: SMITH-JOHNSON

<table>
<thead>
<tr>
<th>Date</th>
<th>Code</th>
<th>Charge Description</th>
<th>Charge Amount</th>
<th>Insurance Payment</th>
<th>Insurance Adjustment</th>
<th>Patient Adjustment</th>
<th>Patient Payment</th>
<th>Patient Liability</th>
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<td>C71314</td>
<td>71010</td>
<td>CHEST X-RAY, W</td>
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<td>ELECTROCARDIOGRAM REPORT</td>
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<td>0.00</td>
</tr>
</tbody>
</table>

**Account Summary**: 1,668.00

### TOTAL AMOUNT OWED THIS STATEMENT: $4,403.00

29. **COVERAGE ON ACCOUNT**: Displays the insurance coverage[s] that UCSF has on file for the patients on this statement.

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**Made accessible 12/28**