

How To Read Your Consolidated Statement

Billing for most IU Health Hospital and physician services are consolidated into one statement.

The Consolidated Statement:

- Is easy to read and understand
- Combines billing for most hospitals and physician services
- Provides one customer service team to assist with questions
- Offers a convenient "What You Need to Do" section

Patient's name and account number

December 18, 2013 Billing Statement for:

PATIENT: **SAMPLE A SAMPLE**
ACCT #: **99999999**

The statement is addressed to the patient's or guarantor's billing address.

17365 1 AV 0.357
SAMPLE A SAMPLE
123 SAMPLE ST
SAMPLE CITY, IN 99999-9999

The Account Summary provides you with a quick, easy-to-understand overview of new charges since your last statement, including a breakdown of insurance payments and pending insurance payments.

Thank you for choosing IU Health

Account Summary

Statement Detail Continued on Reverse Side

Previous Statement Balance	\$889.60
Insurance Payments/Adjustments Since Last Statement	-\$383.53
What You Paid Since Last Statement	-\$10.00
Current Statement Balance	\$587.07
Charges Pending With Insurance	\$324.00
What You Currently Owe	\$263.07
Minimum Monthly Payment Option	Amount due by January 10, 2014 \$210.60

More details about your account will be displayed on the other side of the statement.

Always check this "What You Need to Do" box for important information about your account.

What You Need to Do

Pay \$210.60 to make a minimum monthly payment, or Pay \$263.07 for satisfaction of the full amount due by January 10, 2014.
Payments received by January 10, 2014 will appear on your next statement.

Visit Us Online at www.iuhealth.org to:

- Sign up for My IU Health
- Access your account
- Pay your bill
- View your statement

If you'd prefer to mail your payment, please mail to this address to ensure timely credit to your account.

As part of our mission, we reach out to help eligible persons receive healthcare at no cost or at a reduced rate. Based on your family size and income, you may be eligible for assistance. Please complete and return the enclosed Financial Assistance application if you wish to apply for this program. The completed application will allow us to do an initial assessment of your qualifications. You may be required to submit additional documentation to qualify for the Financial Assistance Program.

Unpaid payments of \$10.60 have been included in this minimum payment amount.

Statement ID: 99999999

Please retain a copy of this statement for your Flex Spending / Tax Records

Statement Date: December 18, 2013

Confirm Patient Information

ACCT # **99999999**
SAMPLE A SAMPLE
123 SAMPLE ST
SAMPLE CITY, IN 99999-9999

PAYMENT DUE DATE	PAY THIS AMOUNT	AMOUNT ENCLOSED
01/10/2014	\$263.07	

CHECK PAYMENTS - Make checks payable to IU Health and write your account number on check.

CREDIT CARD PAYMENTS



CARD NUMBER _____ EXP DATE: _____

CARDHOLDER NAME _____

CARDHOLDER SIGNATURE _____

- Please check here if your address or insurance has changed. Please indicate changes on the back of this page.

IU HEALTH
PO BOX 4374
CHICAGO, IL 60680-4374



Indiana University Health

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8, 2013 **Billing Statement for:**
 PATIENT: **SAMPLE A SAMPLE**
 ACCT #: **99999999**

New charges are shown here. The consolidated statement includes charges for hospital and some physician services.

Invoice # - Date - Services - Payments Applied	Total Charge	Pending with insurance	What You Owe Now
New Visits as of December 18, 2013			
99999999 - 12/02/13 IU Health Physicians Group No: 22 - Provider: SAMPLE MD	156.00	146.00	0.00
NEW 12/04/2013 PRACTICE CREDIT CARD PAYMENT	-\$10.00		
Previous Visits prior to December 18, 2013			
! 99999999 - 09/24/13 Methodist Hospital Outpatient - Laboratory Services	500.50	0.00	14.00
10/31/2013 Insurance Contractual Adjustment (Medicare Secur	-\$441.93		
10/31/2013 Insurance Payment (Medicare Secure Horizons)	-\$44.57		
99999999 - 09/24/13 IU Health Physicians Group No: 22 - Provider: SAMPLE MD	626.00	0.00	242.47
NEW 11/29/2013 Insurance Denial; Registration (MEDICARE)			
NEW 12/02/2013 Insurance Contractual Adjustment (MEDICARE PAYME	-\$166.15		
NEW 12/02/2013 MEDICARE PAYMENT	-\$217.38		
99999999 - 07/16/13 IU Health Physicians Group No: 22 - Provider: SAMPLE MD	283.00	178.00	0.00
08/26/2013 Insurance Contractual Adjustment (MEDICARE PAYME	-\$46.48		
08/26/2013 MEDICARE PAYMENT	-\$58.52		
! 99999999 - 05/21/13 IU Health Physicians Group No: 22 - Provider: SAMPLE MD	250.00	0.00	6.60
06/05/2013 Insurance Denial; NOS (MEDICARE)			
06/11/2013 Insurance Denial; NOS (MEDICARE)			
06/18/2013 Insurance Contractual Adjustment (MEDICARE PAYME	-\$66.96		
06/18/2013 MEDICARE PAYMENT	-\$143.04		
08/02/2013 MEDICARE PAYMENT	-\$33.40		
99999999 - 01/17/13 IU Health Physicians Group No: 22 - Provider: SAMPLE MD	177.00	0.00	0.00
02/22/2013 Insurance Denial; NOS (MEDICARE)			
03/01/2013 Insurance Contractual Adjustment (MEDICARE PAYME	-\$34.18		
03/01/2013 MEDICARE PAYMENT	-\$77.82		
NEW 11/28/2013 RETURNED BY VENDOR AS UNCOLLECTIBLE	-\$65.00		
TOTAL	\$1,992.50	\$324.00	\$263.07
WHAT YOU CURRENTLY OWE BY January 10, 2014			\$263.07
TOTAL ACCOUNT BALANCE AS OF December 18, 2013			\$587.07

Please Note:

Your consolidated statement only includes services billed by Indiana University Health Revenue Cycle Services for certain facilities and physician groups. You may still receive additional statements from providers who are not part of this billing service.

NEW = New since last statement * = This amount is not included in the minimum payment calculation.
 ! = Past Due ⚠ = Final Notice; account will transfer to collection if payment is not received.

Please complete & return if your address or insurance has changed or visit www.IUHealth.org to update your account.

Change of Insurance Information

NAME _____ ACCT # **99999999**
 RELATIONSHIP TO PATIENT _____
 D.O.B. _____ S.S. # _____
 POLICY NAME _____
 POLICY # _____ GROUP # _____
 NETWORK NAME _____
 INSURANCE CO. PHONE _____
 INSURANCE CO. NAME _____
 INSURANCE CO. ADDRESS _____

Change of Address Information

NAME _____
 ADDRESS _____
 CITY _____ STATE _____
 ZIP _____ COUNTRY _____
 PHONE _____ BUS. PHONE _____

Communications concerning bankruptcy notifications or disputed medical bills must be clearly marked as such and sent to:

IU Health Patient Financial Services
 250 N. Shadeland Ave.

EMPLOYERS NAME _____
 EMPLOYERS ADDRESS _____
 _____ EMPLOYMENT STAT _____



Indiana University Health