

Welcome to Your Monthly Billing Statement

Thank you for choosing Stanford Health Care for your hospital and physician services. We have designed this brochure to guide you through the Monthly Billing Statement and to bring key information to your attention.

- The Stanford Health Care monthly statement shows activity and balances due for hospital and professional services where a patient liability has been incurred.
- This statement displays both professional and hospital-based accounts and the date the services were provided.
- The first page provides an overall summary of the amount owed for the services that have been provided.
- Different accounts that were established for different service dates can be identified in the detail displayed on the second and subsequent pages.
- Please review the information enclosed and if you have questions after you receive your new statement please contact our Customer Service Department at: 1-800-549-3720 Monday - Friday, 8:00 a.m. - 5:00 p.m.



Monthly Statement

Page 1 of 2

YOUR INFORMATION

- Statement Date 6/27/2016
- Guarantor Name DOE SR, JOHN
- Guarantor ID # 123456789
- Account Numbers Located on following pages
- Payment Due Date 7/25/2016

YOUR ACCOUNT SUMMARY

Total Charges	\$627.00	6
Patient Payments	\$0.00	7
Insurance Payments	\$0.00	8
Insurance Adjustments	\$0.00	9
Other Adjustments	\$-313.50	10

AMOUNT DUE NOW \$313.50 11

SHC MYHEALTH

Stay Connected. Manage Your Care. Access your health information anytime and anywhere, at home or on the go, with MyHealth.

You can use MyHealth to: **12**

- Message your clinic
- View your lab results
- Schedule your appointment
- Pay your bill online **13**

A MESSAGE FOR YOU...

Please pay your bill online or sign up for paperless billing at stanfordhealthcare.org/billing

YOUR PAYMENT OPTIONS

Online at: stanfordhealthcare.org/billing (available 24/7)

By Phone: (800) 549-3720 **14**

By mail: Please complete coupon below and return with your check made payable to STANFORD HEALTH CARE.

QUESTIONS ABOUT YOUR BILL OR FINANCIAL ASSISTANCE?

Call us: (800) 549-3720 Mon - Fri, 8:00 am to 5:00 pm
Visit us: 2465 Faber Place, Palo Alto, California 94303

Online at: stanfordhealthcare.org/billing **15**

Please see the reverse side of this statement for additional information regarding Financial Assistance.

Thank you for selecting Stanford Health Care for your healthcare needs.
We hope to serve you again if your healthcare needs arise.

Please detach and return the bottom portion of this statement with your payment



P.O. BOX 740715
LOS ANGELES, CA 90074-0715



JOHN DOE SR
1234 MAIN ST
PALO ALTO, CA 65432-5432

Guarantor ID 123456789
Statement Date 6/27/2016

Amount Due Payable Upon Receipt \$313.50

Login to MyHealth if your insurance or address information has changed or check the box and indicate changes on the back of this page.

STANFORD HEALTH CARE
P.O. BOX 740715
LOS ANGELES, CA 90074-0715

Unless otherwise indicated in the account number field below, your payment will post to your payment plan amount due and then to the oldest account on this statement. Please post my payment to the account number _____.



- STATEMENT DATE: The date the statement was created
- GUARANTOR NAME: The person or party who is financially responsible for the accounts on the statement
- GUARANTOR ID #: A unique number assigned to the Guarantor
- 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
- PAYMENT DUE DATE: The date your payment is due
- TOTAL CHARGES: The total charges for the accounts included on this statement
- PATIENT PAYMENTS: The total patient payments received for accounts included on this statement
- INSURANCE PAYMENTS: The total insurance payments received for accounts included on this statement
- INSURANCE ADJUSTMENTS: The total insurance adjustments applied to accounts included on this statement
- OTHER ADJUSTMENTS: The total other adjustments applied to accounts included on this statement
- AMOUNT DUE NOW: The amount owed for this statement
- YOUR MYHEALTH ACCOUNT: The link in this section provides information on access to the Stanford Health Care MyHealth web page.
- A MESSAGE FOR YOU: This section will be populated with specific account information and alerts when needed
- YOUR PAYMENT OPTIONS: This section advises on the various payment options available
- QUESTIONS: Options to reach our Customer Resolution Specialists and to inquire about Financial Assistance
- RETURN PAYMENT COUPON: Use this coupon to mail in a check payment. NOTE: The reverse side of the coupon provides the ability to make changes to address or insurance information, also available via your MyHealth account