



PATIENT NAME
MARGARET STANFORD

AMOUNT DUE **4**
19.00

BILLING DATE
07/14/95

ACCOUNT NUMBER
1234567 **1**

AMOUNT PAID **5**

PATIENT/GUARANTOR

1234567
MARGARET STANFORD
234 TEST DRIVE
MANTECA, CA 95337

YOUR PHYSICIAN BILL

PAGE 1

6 BLUE CROSS OF CA

DETACH HERE

PLEASE RETURN TOP PORTION ONLY. MAKE CHECKS PAYABLE TO: STANFORD HEALTH SERVICES

DETACH HERE

DATE OF SERVICE	DIAG. CODE	PRQC. CODE	DEPT-> ATTENDING MD; REFERRING MD SERVICES; BILLING & PAYMENT ACTIVITY	INVOICE NUMBER	AMOUNT	PATIENT BALANCE
05/24/95	296.30	90862	DEBATTISTA-SELF MIN PHYSICAL THERAPY W/ RX MGMT Claim sent 06/10/95 Insurance	INVOICE 8000162	104.00	
05/20/95 05/20/95	414.0 8	33512	CVS- MITCHELL-FONG OP VISIT NEW Ins PD -175.00 ADJ -50.00 6/20/95 Patient Responsibility:	INVOICE 8000179	244.00 14 -225.00 15	19.00 3
			---SUMMARY--- Ins PD -175.00 ADJ -50.00	Total Charges: 348.00 Total Insur: -225.00 Patient Payments: 0.00 Account Balance: 123.00 Patient Responsibility: 19.00		

Insurance Pending	CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	OVER 150 DAYS	OVER 180 DAYS
Patient Responsibility	104.00						
	19.00						

DATE
07/14/95

PATIENT NAME
STANFORD, MARGARET

ACCOUNT NUMBER
1234567

PLEASE PAY THIS AMOUNT **17**
19.00

The amount shown in the "PLEASE PAY THIS AMOUNT" box is due and should be PAID IMMEDIATELY. If you would like to discuss your account with a customer service representative, please call our Palo Alto billing office at (415) 498-5850. Business Hours are 9:00 a.m. to 4:00 p.m. Monday-Friday

IMPORTANT MESSAGES REGARDING YOUR ACCOUNT

TAX ID#94-6174066N

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1 Account Number

Your six-digit account number is the first thing we ask for if you call us with a question. Your account number will not change.

2 Invoice Number

Services are now listed by invoice number. The invoice numbers may be referenced if you call our Customer Service Department.

3 Patient Balance

Refer to this column for the amount you owe on each invoice. If you have insurance coverage this will be the amount left over after your insurance carrier has paid. The total of these individual amounts equals the "Amount Due."

4 Amount Due

This represents the total amount currently due for which you are responsible.

5 Amount Paid

This is the space where we ask that you enter the amount of the payment you are enclosing. This portion of your statement is detachable. Please enclose it when mailing your payment.

6 Primary Insurance

The name of the insurance company that we have billed on your behalf. If this information is incorrect or out of date, please call our customer service department at the number listed in the upper left corner of your statement.

7 Date of Service

The date on which you received the service.

8 Diagnosis and Procedure Codes

These are codes required by your insurance company.

9 Dept>

The abbreviation for the clinic or department that provided the service.

10 Attending Physician

The last name of the physician who provided or coordinated the care you received.

11 Service Description

This refers to the service you received. The description may be abbreviated to fit within the space available.

12 Referring Physician

This is the name of the physician who referred you to our clinic.

13 Payments and Adjustments

This is where payments and contractual adjustments made by you and your insurance company appear.

14 Amount

This is the amount charged for each service you received. If you are covered by insurance, these are the amounts we have billed to your carrier.

15 Account Summary

This area summarizes account activity for the services printed on your statement.

16 Important Message

This section is used for specific messages regarding your account.

17 Aging

(Insurance): This shows how long we've been waiting for payment from your insurance company.
(Patient): This shows how long patient balances have been owed.

Refer to the back of page 1 of your statement for more information about billing policy and making address or insurance changes.