

Page 2 of Your New Monthly Billing Statement

1. PATIENT: Name of the patient who received the services
2. ACCOUNT NUMBER: Identifies the account number for the services provided
3. VISIT TYPE: Service Area where services were provided
4. STATUS: The payment due status of the account
5. DATE: The date services were provided
6. DESCRIPTION: The description of the service, payment, or adjustment, applied to the account
7. CHARGES: The amount charged for the service
8. PAYMENT/ADJUSTMENT: The payments and adjustments applied to the account
9. INSURANCE BALANCE: The amount currently showing due from insurance on this account
10. PATIENT BALANCE: The amount currently showing due from the Guarantor on this account

Non-Payment Plan Account Details

This section shows the visits that are not included in the Payment Plan you established with Stanford Health Care. Please call us to have these visits added to the Payment Plan for your convenience.

| Date | Description | Charges | Pmts/Adjs | Insurance Balance | Patient Balance |
|--------------------------------|--|--------------------|--------------------------|-------------------|-------------------|
| 1 Patient: John Doe | | | 2 Acct#: 987654 | | |
| 3 Visit Type: Emergency | | | 4 Status Past Due | | |
| 5 | 6 | 7 | 8 | 9 | 10 |
| 6/30/2015 | EKG/ECG (ELECTROCARDIOGRAM) - GENERAL CLASSIFICATI | \$1,042.00 | | | |
| | EMERGENCY ROOM - GENERAL CLASSIFICATION | \$11,271.00 | | | |
| | LABORATORY - GENERAL CLASSIFICATION | \$3,137.00 | | | |
| | PHARMACY - GENERAL CLASSIFICATION | \$279.79 | | | |
| | PHARMACY - SINGLE SOURCE DRUG | \$50.17 | | | |
| | RADIOLOGY - DIAGNOSTIC - GENERAL CLASSIFICATION | \$593.00 | | | |
| | UNINSURED DISCOUNT ADJ | | \$-8,186.48 | | |
| | NSF/RETURNED CHECKS | | \$25.00 | | |
| | Totals | \$16,372.96 | \$-8,161.48 | \$0.00 | \$8,211.48 |
| | Patient Balance | | | \$0.00 | \$8,211.48 |

| | | | | | |
|---|---|--------------------------------|------------------|---------------|-------------------|
| Patient: John Doe | | Acct#: 987654 | | | |
| Service Provider: SMITH, ROBERT JOHN | | Status Due Upon Receipt | | | |
| 6/30/2015 | ED VISIT EVAL/MGMT/HIGH SIGNIFICANT LIFE THREAT | \$580.00 | | | |
| | ECG ROUTINE ECG W/LEAST 12 LDS I&R ONLY | \$57.00 | | | |
| | RADEX CH 1 VIEW FRNT | \$55.00 | | | |
| | UNINSURED DISCOUNT ADJ | | \$-290.00 | | |
| | UNINSURED DISCOUNT ADJ | | \$-28.50 | | |
| | UNINSURED DISCOUNT ADJ | | \$-27.50 | | |
| | Totals | \$692.00 | \$-346.00 | \$0.00 | \$346.00 |
| | Patient Balance | | | \$0.00 | \$346.00 |
| | Non-Payment Plan Balance Due | | | | \$8,557.48 |



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