



OHSU FACULTY PRACTICE
 & UNIVERSITY PROFESSIONAL SERVICES
 2241 LLOYD CENTER, PORTLAND, OR 97232

Customer Service
 503-494-8417
 Toll Free
 800-752-4447
 Español
 503-494-4454

See Reverse Side for Payment Policy.
OHSU Hospital will bill you separately for Hospital charges.

Patient Name			Account #			Bill Date	
Detail for Patient: #12345678 JOHN SMITH			12345			11/15/10	
Date	Proc Code	Description	Charges	Credits	Insurance* Balance	Patient Balance	
		Provider: DR. JOSEPH ANDERSON					
10/5/10	99214	PROFESSIONAL OFFICE VISIT	88.25			15.00	
11/8/10		INSURANCE PAYMENT – MEDICARE		54.98			
11/8/10		INSURANCE ADJUSTMENT – MEDICARE			13.27		
10/13/10	80061	LIPID PANEL	67.98			0	
11/11/10		INSURANCE PAYMENT – MEDICARE		19.19			
11/11/10		INSURANCE ADJUSTMENT – MEDICARE			48.79		
*BALANCE DUE FROM INSURANCE IS THE PATIENT'S RESPONSIBILITY IF NOT PAID WITHIN 60 DAYS			TOTAL DUE:			15.00	
	CURRENT	30 DAYS	60 DAYS	90 DAYS	OVER 120 DAYS	INS. BALANCE TOTAL	BALANCE DUE
PATIENT BALANCE 15.00							15.00
INSURANCE BALANCE							

Important Notes

Please Detach and Return Bottom Portion with Your Payment.

Any Payments or Charges After the Above Billing Date Will Appear on Your Next Statement.



OHSU FACULTY PRACTICE
 & UNIVERSITY PROFESSIONAL SERVICES
 2241 LLOYD CENTER, PORTLAND, OR 97232

IF PAYING BY CREDIT CARD, FILL OUT BELOW.			
<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> DEBIT CARD	<input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER
CARD NUMBER			
SIGNATURE		EXPIRATION DATE	

AMOUNT DUE IS PAYABLE UPON RECEIPT.

Please check box if address below is incorrect and indicate change(s) on reverse side.

BILL DATE	ACCOUNT NO.	AMOUNT DUE	AMOUNT ENCLOSED
11/15/10	12345	15.00	

MAKE PAYMENT TO:

JOHN SMITH
 9155 S.E. MAIN ST.
 ANYTOWN, USA 99999

OHSU FACULTY PRACTICE
 & UNIVERSITY PROFESSIONAL SERV
 PO BOX 3899
 PORTLAND OR 97208-3899