



### ABOUT YOUR HOSPITAL AND CLINICS ACCOUNT

- Please pay amount due on or before due date.
- Please keep the top portion of the stub for your records, and submit the bottom coupon with your payment in the enclosed envelope.
- You may get two bills, one from the hospital and one from physicians.
- Thank you!

**ACCOUNT SUMMARY OF**  
 Financially Responsible ..... JOHN Q. PATIENT  
 Statement Date .....09/26/09  
 Hospital Account Number ..... 000123456789  
 Total Charges ..... \$12,711.60  
 Insurance Payments Received ..... \$9,622.18  
 Patient Payments Received .....\$200.00

**INSURANCE INFORMATION**  
 FINANCIALLY RESPONSIBLE ..... Patient, John Q.  
 Primary Insurance ..... BLUE CROSS (AM)  
 Secondary Insurance ..... NONE  
*If this information is not correct, please see back.*

**QUESTIONS?**  
 See the back for more information or call:  
**503-494-8760 or 1-800-500-5582**  
 Monday-Friday, 9 a.m. to 4:30 p.m.  
 Refer to Hospital Account Number on all correspondence. For an itemized bill, please call.

<b>YOUR RESPONSIBILITY TO PAY</b>	\$2,789.42
<b>MINIMUM DUE</b> BY: 10/28/2009	<b>\$232.45</b>

DATE(S) OF SERVICE	DESCRIPTION OF SERVICE	CHARGES	CREDITS/ADJUSTMENTS	PATIENT TO PAY
07/10/09-07/14/09	Room and Board	\$8,000.00		
	Pharmacy	\$268.80		
	Lab	\$442.80		
	Radiology	\$2,712.52		
	Recovery Room	\$1,287.48		
07/14/09	Patient Payment		-\$200.00	
07/20/09	Contract Adjustment		-\$100.00	
07/27/09	Insurance Payment		-\$9,622.18	
<b>TOTALS ▶</b>		\$12,711.60	-\$9,922.18	\$2,789.42
<b>TOTAL AMOUNT DUE</b>				<b>\$2,789.42</b>
<b>MINIMUM AMOUNT DUE ▶</b>				<b>\$232.45</b>

# HOSPITAL BILL

SEE REVERSE FOR IMPORTANT INFORMATION

▼ TEAR HERE AND RETURN BOTTOM STUB WITH YOUR PAYMENT. KEEP TOP PORTION. ▼



3181 S.W. Sam Jackson Park Rd.  
 Portland, Oregon 97239-3098

**This is a bill for your hospital and clinic services. Your physicians will bill you separately for their professional services.**

e-mail us at askus@ohsu.edu  
 503-494-8760

**JOHN Q. PATIENT**  
 100 ANY STREET  
 ANY CITY ST 99999



### HOSPITAL STATEMENT

BILL TO		PATIENT	
John Q. Patient		John Q. Patient	
<b>HOSPITAL ACCOUNT NUMBER</b>	<b>DATE OF STATEMENT</b>	<b>DATE PAYMENT DUE</b>	
000123456789	09/26/2009	10/26/2009	
<b>TOTAL ACCOUNT BALANCE</b>	<b>PAY THIS AMOUNT</b>	<b>WRITE IN AMOUNT PAYING</b>	
\$2,789.52	\$232.45		
IF PAYING BY CREDIT CARD FILL OUT back ▶			
<b>CHECK CARD USING FOR PAYMENT</b>	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> AMER. EXP. <input type="checkbox"/> DISCOVER

Check here if any information is not correct. Please make changes on back of this stub.

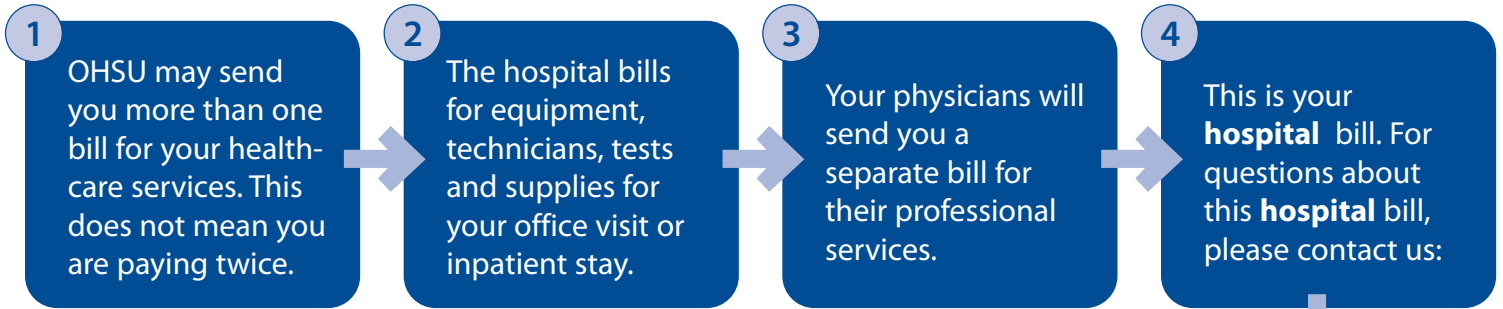
**Make check payable and send to:**

**OHSU**  
 P.O. Box 3857  
 Portland, OR 97208-3857



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## Why do I get a hospital bill AND a physician's bill?



### Regarding your insurance

Although a service might be ordered by your physician, the service might not be covered by your insurance plan. Please review the benefit structure, coverage requirements and exclusions detailed in your insurance policy. You may be billed for services your insurance company does not cover.

### Filing claims

As a courtesy, we will file this claim with your primary and secondary insurance companies. Oregon law standardized the health insurance claim forms we use. Health plans are required by law to pay, contest or deny your claim within 30 days of receipt if we are able to file the claim electronically, or within 40 days if the claim is not submitted electronically. Claims that are contested by your insurance company must be paid or denied within 90 days if we file electronically, or 120 days if not submitted electronically.


### About OHSU


Oregon Health & Science University is dedicated to improving the health and quality of life for all through excellence, innovation and leadership in healthcare, education and research. Thank you for choosing OHSU for your healthcare.


**Questions?** We're happy to help. Just send us an e-mail at [askus@ohsu.edu](mailto:askus@ohsu.edu) or call **503-494-8760** (toll-free **1-800-500-5582**.) We'll need your name, the name of the patient and the medical record number that you'll find in the highlighted box on the other side of this page.

### Information about other bills

This is a bill for your hospital and clinics services. Your physicians will bill you separately for their professional services. If you have questions about your OHSU physician's bill, please call **503 494-8417** (toll-free **1-800-752-4447**.)





 **Call us 9 am - 4:30 pm, M-F, at (toll-free 1-800-500-5582)**

 **E-mail us at [askus@ohsu.edu](mailto:askus@ohsu.edu)**  
**Or visit [www.ohsuhealth.com/billing](http://www.ohsuhealth.com/billing)**

 **Write us at OHSU, PO Box 575, Portland, OR 97207-0575**

**To pay with your credit card, please complete the authorization below.**

**IF YOU ARE PAYING WITH A CREDIT or debit CARD, PLEASE COMPLETE THIS SECTION.**

CHECK CARD USING TO PAY         CREDIT CARD NUMBER:

CREDIT CARD BILLING ADDRESS  CITY  STATE  ZIP CODE

SECURITY NUMBER  PAYMENT AMOUNT  EXP. DATE      CARDHOLDER SIGNATURE

**If you have CHANGES to your name, address, phone number, or insurance information, please complete below.**

MY INFORMATION HAS CHANGED TO:	MY HEALTH PLAN 1 HAS CHANGED TO:	MY HEALTH PLAN 2 HAS CHANGED TO:
NAME	INSURANCE COMPANY NAME	INSURANCE COMPANY NAME
ADDRESS	POLICY #	POLICY #
CITY STATE ZIP CODE	INSURANCE COMPANY ADDRESS	INSURANCE COMPANY ADDRESS
PHONE	CITY STATE ZIP CODE	CITY STATE ZIP CODE
	INSURANCE COMPANY PHONE	INSURANCE COMPANY PHONE