

Understanding Your Monthly Billing Statement

UCSF Health

1 Jane Q Patient
123 W MAIN ST
SAN FRANCISCO, CA 94143

2 Patient: Jane Q Patient
3 Bill To: Jane Q Patient
4 Statement Date: 09/25/24

5 New Account Balance	\$254.79
6 Minimum Amount Due	\$254.79
7 Due Date	10/03/24

Please pay the amount due.

8 **PAY ONLINE**
<https://www.ucsfhealth.org/guestpay/>

PAY BY PHONE
866-433-4035

PAY BY MAIL
UC REGENTS - WELLS FARGO
PO BOX 885631
LOS ANGELES, CA 90088-5631

9 Personal/Family Statement
10 123456789
Guarantor Number

11 **ONLINE PAYMENT OPTIONS**
PAY AS GUEST WITHOUT MYCHART:
<https://www.ucsfhealth.org/guestpay/>
Guarantor Account Number: 123456789
Last Name: Patient
Make a payment without MyChart by scanning this QR Code:

12 MYCHART BILLING INQUIRIES:
<https://www.ucsfhealth.org/ucsfmychart/>
FOR QUESTIONS OR TO SET UP A PAYMENT ARRANGEMENT:
Call 866-433-4035
Monday - Friday, 8 am to 4 pm
E-mail patient.financialservices@ucsf.edu

13 **FOR HELP UNDERSTANDING YOUR STATEMENT:**
Visit <https://www.ucsfhealth.org/billing-and-insurance>

Keep this portion for your records
Detach this portion and return with your payment

14 **UCSF Health** Undeliverable Mail Only
PO Box 2090
Morrisville, NC 27560

GUARANTOR ID 123456789	STATEMENT DATE 09/25/24	
AMOUNT DUE	DUE DATE	AMOUNT ENCLOSED
\$254.79	10/03/24	\$

Jane Q Patient
123 W MAIN ST
SAN FRANCISCO, CA 94143

Make checks payable to UC Regents
UC REGENTS - WELLS FARGO
PO BOX 885631
LOS ANGELES, CA 90088-5631

- 1** **GUARANTOR NAME AND ADDRESS:** The person or party who is financially responsible for all the accounts on the statement.
- 2** **PATIENT:** Name of the patient who received the services.
- 3** **BILL TO:** This is the name of the guarantor of this account.
- 4** **STATEMENT DATE:** The date the statement was created.
- 5** **NEW ACCOUNT BALANCE:** Current balance as of the date of this statement. Charges, Payments, and Adjustments posted after the statement date will be seen in MyChart, but this statement is static, it reflects your balance on the statement date and will not update based on future activity.
- 6** **MINIMUM AMOUNT DUE:** The amount you are required to pay.
- 7** **DUE DATE:** The date that payment is due.
- 8** **PAYMENT OPTIONS:** This section advises on the various payment options available. You can also scan the QR code in this section with your smartphone to make a payment.
- 9** **GUARANTOR ACCOUNT TYPE:** UCSF uses different guarantor account types to separate sets of services.
- 10** **GUARANTOR NUMBER:** A unique number assigned to the Guarantor.
- 11** **ONLINE PAYMENT OPTIONS:** Details way to pay your balance.
- 12** **MYCHART BILLING INQUIRES / CUSTOMER SERVICE OPTIONS:** The link in this section provides information on access to the UCSF MyChart web page.
- 13** **HELP UNDERSTANDING YOUR STATEMENT**
- 14** **RETURN PAYMENT COUPON:** Use this coupon to mail in a check payment to our bank.

The UCSF 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. Subsequent pages provide account detail information.

Different accounts that were established for different service dates can be identified in the detail displayed on the second and subsequent pages.

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15 SOME IMPORTANT INFORMATION ABOUT YOUR ACCOUNT

1. Payment Terms/Financial Policy

This patient statement is a summary of services, charges, payments, and adjustments applied to your accounts. This is a consolidated bill for the hospital and physician services at UCSF Health. Uninsured patients automatically receive a discount for services and is reflected on your statement. For patients who have insurance coverage, UCSF Health sends statements to patients or their guarantor after the insurance has

4. Frequently Asked Questions

"Where can I call if I have questions about my bill?"

Please call toll free at 1-866-433-4035, Monday - Friday between the hours of 8:00 a.m. to 4:00 p.m., excluding holidays. Additional information is available on-line at <https://www.ucsfhealth.org> in the "For Patients" section. Our website also offers a wide range of useful information about UCSF and other help topics.

"How can I pay my bill?"

15 SOME IMPORTANT INFORMATION ABOUT YOUR ACCOUNT: Please read these important notifications from UCSF about your statements and accounts.

VISIT DETAILS

Statements are generated every 30 days. Please allow transactions posted to your account after your last statement will appear on your next statement. MyChart will show transactions immediately, but statements are a monthly snapshot in time.

Date	Description	Charges	Pmts/Adjs	Insurance Patient Balance
16 Hospital Visit #12345678				
UCSF Womens Health Primary Care 17				
18 Outpatient - Date of Service: 08/16/24 - 08/16/24 19				
Primary Insurance: Anthem				
	Laboratory Clinic 22	\$1,760.00		
09/05/24	Anthem Payment	\$234.00	24 \$725.14	
	Coinsurance: \$181.28			
08/24/24	Anthem Adjustment		25 \$234.00	
08/26/24	Anthem Adjustment		\$853.58	
	Visit Total	23 \$1,994.00	\$1,812.72	26 \$181.28
27 Professional Visit #23456789				
UCSF Womens Health Primary Care 21				
30 Outpatient - Date of Service: 08/16/24 - 08/16/24				
Primary Insurance: Anthem				
20 Provider: Dr. Yermam, MD -				
08/16/24	Office/Outpatient Est Low Mdm or 20 Min	\$393.00		
09/05/24	Anthem Payment		\$294.04	
	Coinsurance: \$73.51			
09/05/24	Anthem Adjustment		\$25.45	
	Visit Total	\$393.00	\$319.49	\$73.51
	Totals	\$2,387.00	\$2,132.21	29 \$254.79
	Balance Due			29 \$254.79

16 VISIT NUMBERS: Your hospital and professional 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.

17 DEPARTMENT NAME: The name of the department where the service was performed.

18 INPATIENT / OUTPATIENT: This designation separates inpatient admissions from outpatient services.

19 DATES OF SERVICE: The dates when the service was performed.

20 PRIMARY INSURANCE: Your primary insurance coverage at the time of service.

21 PROVIDER: For professional billing accounts, the billing provider.

22 PROVIDER: Identifies the UCSF provider or department who provided the services.

23 CHARGE DESCRIPTION: The description of the service, payment, or adjustment code.

24 CHARGE AMOUNT: The amount charged for the service.

25 INSURANCE PAYMENT: The insurance payments received on this account

26 INSURANCE ADJUSTMENT: Insurance adjustments were posted to this account.

27 PATIENT LIABILITY: The patient liability amount remains on this account.

28 PROF ACCT#: Identifies the account number for the professional services provided by your physician.

29 TOTAL AMOUNT OWED THIS STATEMENT: The sum total of all patient liability amounts on all accounts on this statement.

30 COVERAGES ON ACCOUNT: Displays the insurance coverage[s] that UCSF has on file for the patients on this statement.