

Page 2 of Your 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. LOCATION: The University HealthCare Alliance Office location where services were provided
6. DATE: The date services were provided
7. DESCRIPTION: The description of the service, payment, or adjustment, applied to the account
8. CHARGES: The amount charged for the service
9. PAYMENT/ADJUSTMENT: The payments and adjustments applied to the account
10. INSURANCE BALANCE: The amount currently showing due from insurance on this account
11. PATIENT BALANCE: The amount currently showing due from the Guarantor on this account

Account Details

Date	Description	Charges	Pmts/Adjs	Insurance Balance	Patient Balance
1 Patient: John Doe			2	Acct#: 87654321	
3 Service Provider: SMITH, DAVID			4	Status Due Upon Receipt	
5 UHA Location: ABC Family Physicians Medical Group					
6	7	8	9	10	11
6/27/2016	EVAL/MGMT OF EST PATIENT	\$157.00			
	UNINSURED DISCOUNT ADJ		\$-78.50		
	Totals	\$157.00	\$-78.50	\$0.00	\$78.50
	Patient Balance			\$0.00	\$78.50

Patient: John Doe			Acct#: 98765432		
Service Provider: SMITH, DAVID			Status Due Upon Receipt		
6/27/2016	EVAL/MGMT OF EST PATIENT	\$345.00			
	OBTAINING SCREEN PAP SMEAR	\$125.00			
	UNINSURED DISCOUNT ADJ		\$-172.50		
	UNINSURED DISCOUNT ADJ		\$-62.50		
	Totals	\$470.00	\$-235.00	\$0.00	\$235.00
	Patient Balance			\$0.00	\$235.00
	Balance Due				\$313.50



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