Welcome to Your Monthly Billing Statement

Thank you for choosing Stanford Health Care for your hospital and physician services. We have designed this brochure to guide you through the Monthly Billing Statement and to bring key information to your attention.

- The Stanford Health Care 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.
- Different accounts that were established for different service dates can be identified in the detail displayed on the second and subsequent pages.
- Please review the information enclosed and if you have questions after you receive your new statement please contact our Customer Service Department at: 1-800-549-3720 Monday - Friday, 8:00 a.m. - 5:00 p.m.

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Monthly Statement

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1. **STATEMENT DATE**: The date the statement was created
2. **GUARANTOR NAME**: The person or party who is financially responsible for the accounts on the statement
3. **GUARANTOR ID #**: A unique number assigned to the Guarantor
4. **ACCOUNT NUMBERS**: Your 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). It both hospital and separately billed professional charges apply.
5. **PAYMENT DUE DATE**: The date your payment is due
6. **TOTAL CHARGES**: The total charges for the accounts included on this statement
7. **PATIENT PAYMENTS**: The total patient payments received for accounts included on this statement
8. **INSURANCE PAYMENTS**: The total insurance payments received for accounts included on this statement
9. **INSURANCE ADJUSTMENTS**: The total insurance adjustments applied to accounts included on this statement
10. **OTHER ADJUSTMENTS**: The total other adjustments applied to accounts included on this statement
11. **AMOUNT DUE NOW**: The amount owed for this statement
12. **YOUR MYHEALTH ACCOUNT**: The link in this section provides information on access to the Stanford Health Care MyHealth web page.
13. **A MESSAGE FOR YOU**: This section will be populated with specific account information and alerts when needed
14. **YOUR PAYMENT OPTIONS**: This section advises on the various payment options available
15. **QUESTIONS**: Options to reach our Customer Resolution Specialists and to inquire about Financial Assistance
16. **RETURN PAYMENT COUPON**: Use this coupon to mail in a check payment. **NOTE**: The reverse side of the coupon provides the ability to make changes to address or insurance information, also available via your MyHealth account.