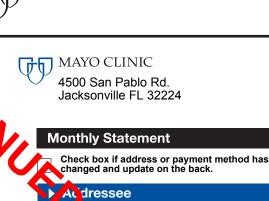


Explanation of Monthly Statement of Account



1710544611- 000000- 001 - 002 - 0002

Pay Online

Go to: https://mayoclinic.simpleepay.com



Account Number 1-234-567

Due Date

06/27/2017

Pay This Amount

Scan with smart phone for access **Amount Paid**

Please make checks payable and remit to:

MAYO CLINIC P.O. Box 790127 St. Louis MO 63179-0127 իկիիվումՈկրեպիսՈվիկվիլյերիսկինուհիկին

00012345670000000000000123456700000000006

Account Number 1-234-567 JOHN DO

EAS NT STREET SW

42010-3100

Statement Date	Due Date
June 7, 2017	06/27/2017

Thank you for choosing Mayo Clinic.

A printable version of your itemized charges is available by signing into Mayo's Patient Portal at www.mayoclinic.org/onlineservices.

Charges totaling \$117.12 are pending with your insurance.

Contact your insurance representative with questions about insurance claims or payments.

www.mayoclinic.org/onlineservices offers view, payment & messaging options

	vious Account Balance 04/06/2017	\$ 97.37	
Ne	horses	\$ 117.12	
Pay	/ments//dju tments	\$ 97.37-	
Cui	rrent Account Palance	\$ 117.12	
Ins	urance Claims Kending	\$ 117.12	
		OSSO	
			1/2

Messages

If Mayo Clinic does not receive payment from your insurance company, we look to you for full payment. If you have any questions regarding Financial Assistance, visit our website at www.mayoclinic.org/financialassistance or contact us using the Billing Inquiries Information on the next page.

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MAYO CLINIC

To pay via credit/debit card, fill out information on the back of this page

www.mayoclinic.org

MC2323-73rev0117

- Online Bill Payment Information: Mayo Clinic offers an online bill pay option to pay your account balance.
- Billing Account Number: The account number of the person assigned to receive the bill. Refer to this number when contacting Mayo Clinic with questions.
- **Due Date:** This is the date your payment is due at Mayo Clinic. A patient can make their payment online, mail in their payment, or call one of the phone numbers listed on the back of the statement.
- Account Balance Due: This is your total balance for services performed at all Mayo Clinic locations.
- Addressee/Responsible Party Name (Guarantor): The person designated to receive the monthly billing statements. This person is responsible for coordinating the billing, payment, and insurance coverage for the account.
- Name/Address To Send Payment To: Payments should be mailed to the address listed on your monthly statement of account.
- Statement Date: This is the date your statement is printed; it will be the same date each month.
- Important Messages: These messages tell a patient what they owe and if an amount is pending insurance.
- Summary of Account: Summary of all activity for services with open balances on the current statement.

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Page 2 Statement Date: 06/07/2017

Mayo Clinic Number/Visit Number						
Dates of Service			l	nsurance		
Place of Service		Account		Claims Pending [*]		ersonal
Transaction Detail/Description		Activity				Responsibility
OOE, JOHN 1-234-567 Visit 9876 04/10/2017 - 04/10/2017 Mayo Clinic Rochester Previous Balance 05/12/17 Insurance Pmt 05/12/17 Insurance Pmt Visit Balance Insurance Pending	and a	49.74 13.84- 35.90- 0.00	\$	0.00		
Amount Due DOE, JOHN 1-234-567 Visit 7107 14/18/2017 - 04/18/2017 Mayo Clinic Rochester					\$	0.00
Previous Balance 05/12/17 Medi**** Pmt 05/12/17 Payer Contractual Adj 05/12/17 Payer Contractual Adj 05/18/17 Insurance Pmt Visit Balance Insurance Pending Amount Due	*****	47.63 32.48- 0.66- 6.21- 8.28- 0.00	\$	0.00	Ş	0.00
New Charges 06/06/17 Claim Filed/Primary 06/06/17 Claim Filed/Secondary B	\$	117.12				
Visit Balance Insurance Pending Amount Due	\$	117.12	\$	117.12	\$	0.00
Current Account Bal Insurance Claims Pe Current Amount Due		117.12	\$	117.12	\$	0.00

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- **Facility Name:** The location where services were provided.
- Line Item Description: Previous Balance or New Charges
 - Previous Balance—Services rendered prior to the current statement with an open balance.
 - New Charges—Shortly after services are provided, you will receive an Itemized Statement of Charges. On your next monthly statement, these services will appear as "new charges." All claim filing, payments, and adjustments will be detailed by date.
- Insurance Claims Filed/Pending: Charges filed to your insurance company; Mayo Clinic has not received a determination of the benefits.
- Adjustments/Payments: Credit and/or debit transactions applied to the account, including personal and insurance payments, and contractual adjustments. Credits and/or debits applied to the account are due to the contractual agreement between Mayo Clinic and the insurance company.
- 14 Visit Balance: The current balance of each episode of care.
- Visit Amount Due: This is a subtotal for each visit.
- **16** Current Account Balance
- 17 Total Insurance Claims Pending
- (18) Current Amount Due

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