



Explanation of Monthly Statement of Account



MAYO CLINIC
4500 San Pablo Rd.
Jacksonville FL 32224

▶ Pay Online

1 Go to: <https://mayoclinic.simplepay.com>



Scan with smart phone for access

Monthly Statement

Check box if address or payment method has changed and update on the back.

▶ Addressee



JOHN DOE
APT 21A
1234 PLEASANT STREET SW
ANYTOWN, MI 42010-3100

Account Number	Due Date	Pay This Amount	Amount Paid
1-234-567	06/27/2017	\$ 0.00	\$

▶ Please make checks payable and remit to:

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



00012345670000000000000001234567000000000006

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Account Number	Account Name	Statement Date	Due Date
1-234-567	JOHN DOE	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

Previous Account Balance	\$	97.37
As of 04/06/2017		
New Charges	\$	117.12
Payments/Adjustments	\$	97.37-
Current Account Balance	\$	117.12
Insurance Claims Pending	\$	117.12

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.

▶ PAY THIS AMOUNT

\$ 0.00



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

- 1 Online Bill Payment Information:** Mayo Clinic offers an online bill pay option to pay your account balance.
- 2 Billing Account Number:** The account number of the person assigned to receive the bill. Refer to this number when contacting Mayo Clinic with questions.
- 3 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.
- 4 Account Balance Due:** This is your total balance for services performed at all Mayo Clinic locations.
- 5 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.
- 6 Name/Address To Send Payment To:** Payments should be mailed to the address listed on your monthly statement of account.
- 7 Statement Date:** This is the date your statement is printed; it will be the same date each month.
- 8 Important Messages:** These messages tell a patient what they owe and if an amount is pending insurance.
- 9 Summary of Account:** Summary of all activity for services with open balances on the current statement.



Patient Name Mayo Clinic Number/Visit Number Dates of Service Place of Service Transaction Detail/Description	Account Activity	Insurance Claims Pending*	Personal Responsibility
DOE, JOHN 1-234-567 Visit 9876 04/10/2017 - 04/10/2017 10 Mayo Clinic Rochester			
Previous Balance 11	\$ 49.74		
05/12/17 Insurance Pmt 13	\$ 13.84-		
05/12/17 Insurance Pmt	\$ 35.90-		
Visit Balance	\$ 0.00	\$ 0.00	\$ 0.00
Insurance Pending			
Amount Due			
DOE, JOHN 1-234-567 Visit 7107 04/18/2017 - 04/18/2017 10 Mayo Clinic Rochester			
Previous Balance 11	\$ 47.63		
05/12/17 Medi**** Pmt	\$ 32.48-		
05/12/17 Payer Contractual Adj 13	\$ 0.66-		
05/12/17 Payer Contractual Adj	\$ 6.21-		
05/18/17 Insurance Pmt	\$ 8.28-		
Visit Balance	\$ 0.00	\$ 0.00	\$ 0.00
Insurance Pending			
Amount Due			
DOE, JOHN 1-234-567 Visit 7232 05/30/2017 - 05/30/2017 10 Mayo Clinic Rochester			
New Charges 11	\$ 117.12		
06/06/17 Claim Filed/Primary 12			
06/06/17 Claim Filed/Secondary B			
Visit Balance	\$ 117.12	\$ 117.12	\$ 0.00
Insurance Pending	14	12	
Amount Due			15
Current Account Balance	\$ 117.12	\$ 117.12	\$ 0.00
Insurance Claims Pending	16	17	18
Current Amount Due			

- 10 Facility Name:** The location where services were provided.
- 11 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.
- 12 Insurance Claims Filed/Pending:** Charges filed to your insurance company; Mayo Clinic has not received a determination of the benefits.
- 13 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.
- 15 Visit Amount Due:** This is a subtotal for each visit.
- 16 Current Account Balance**
- 17 Total Insurance Claims Pending**
- 18 Current Amount Due**