

The phone number you can call to make payments or ask questions about your bill. Please use the number from your actual statement as it may vary.

The name of the person financially responsible for the charges.

Medical Record Number of the patient who received care or services.

The date of activities on this account. The first date listed is normally the day the services were provided. Other dates listed will usually be when payments were received

This line includes a unique visit ID number for a particular visit along with the name of the patient who received the services, where the services were received and the name of the physician or provider.

This section includes the type of activity on the account. The first line(s) are usually a description of the type service(s) received. Subsequent lines normally include information related to payments and adjustments.

This is the name and ID numbers of the insurance plan(s) we have on file for the patient. Please contact us right away at the Customer Service number at the top of your statement if this information is incorrect.

UW Medicine
UW PHYSICIANS
 PO Box 50095 | Seattle, WA 98145-5095

Statement of Physician Services

Billing Questions or Pay by Phone
 Call Customer Service at 206-543-8606
 Hours: Monday – Friday, 9:00am – 5:00pm

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UW PHYSICIANS
 PO Box 34115
 Seattle, WA 98124-1115

Save time! Pay Online.
 UW Physicians offers secure online statements and payments to all patients - saving you time and hassle.
 Visit uwmedicine.mysecurebill.com
 myEasyMatch Code: J-APEXS-12334-SXEPA

MRN	Statement Date	Due Date	Amount Due
123456789	01/11/2013	UPON RECEIPT	\$400.00

See reverse for payment options

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

0001123456 000000123456789 00040000 9

myEasyMatch Code: J-APEXS-12134-SXEPA Return top portion with payment.

MRN	Responsible Party	Statement Date	Due Date
123456789	JOHN DOE SAMPLE	01/11/2013	UPON RECEIPT

Summary of Physician Services

Date	Description	Charges	Payments/Adjustments		Patient Balance
			Insurance	Patient	
Balance Forward					
					\$20.00
Visit #12345678 – JOHN DOE SAMPLE – East Clinic – Dr. Jane Person					
07/03/11	INPATIENT CARE	\$240.00			
08/13/11	Blue Cross Payment		-\$25.00		
08/13/11	Blue Cross Adjustment		-\$50.00		
	PATIENT BALANCE:	\$240.00	-\$75.00	\$0.00	\$165.00
Visit #34567890 – JOHN DOE SAMPLE – East Clinic – Dr. Stacey Chatham					
07/03/11	OFFICE VISIT	\$120.00			
	BASIC METABOLIC PANEL	\$150.00			
	X-RAYS, FOREARM	\$240.00			
08/13/11	Blue Cross Payment		-\$147.50		
08/13/11	Blue Cross Adjustment		-\$147.50		
	PATIENT BALANCE:	\$510.00	-\$295.00	\$0.00	\$215.00
Visit #34567898 – JOHN DOE SAMPLE – East Clinic – Dr. Stacey Chatham					
05/03/11	OFFICE VISIT	\$120.00			
	BASIC METABOLIC PANEL	\$150.00			
	X-RAYS, FOREARM	\$240.00			
05/13/11	Blue Cross Payment		-\$240.00		
05/13/11	Blue Cross Adjustment		-\$270.00		

Pay Your Bill Online: uwmedicine.mysecurebill.com

Insurance Information - Please confirm this information is correct

Insurance	Provider	ID#
Insurance 1:	Medicare	XXXXX1111
Insurance 2:	Blue Cross	1234567
Insurance 3:		
Insurance 4:		

If this is incorrect please contact our customer service department

MESSAGES
 For more information regarding our financial assistance policies, please refer to the back of this statement.

PAY THIS AMOUNT \$400.00

The web address where you can pay your bill online.

The 'myEasyMatch Code' is the unique ID for this bill that you should use when paying online.

This address where you can send payments if paying by mail with a credit card or check. Please be sure include the top portion of the statement with your payment so that payments are applied appropriately.

The date this statement was mailed.

When your payment is due.

Individual amount charged for each service provided.

The remaining amount owed by the patient or responsible party.

The amount previously paid by the patient or responsible party.

The amount paid by your insurance or that was adjusted to account for contracted payment amounts between us and your insurance company.

The total amount owed by the patient or responsible party for the services listed on this statement