

UW Medicine

VALLEY
MEDICAL CENTER

400 South 43rd Street
Renton, WA 98055-5010

Guarantor Account Summary

Guarantor Name	Guarantor Sample-Statement
Guarantor Account Number	10965
Statement Date	09/20/12
Total Charges	\$19,347.00
Total Payment(s)	-\$13,053.00
Total Adjustment(s)	-\$5,142.00
New Account Balance	\$152.00
Payment Plan Amount	\$20.00
PLEASE PAY THIS AMOUNT	\$152.00

9-17

Guarantor Sample-Statement
400 South 43rd St
RENTON, WA 98055

Important Message

Thank you for choosing Valley Medical Center for your healthcare needs. It is our mission to improve the overall health and well being of the community we serve.

Our records indicate that there is still balance remaining on your account. If payment has been made, please disregard this statement. If you need to make payment arrangements or need financial assistance please contact our office.

You may also receive bills from other health care providers (physicians, laboratories, radiologists, etc.) that are billed separately and are not covered by this statement. Please contact their offices directly for any questions regarding their services.

For Your Information

Discount Options

You may be eligible for a prompt-pay discount if your payment is received within 30 days from the original statement date.

Payment Arrangements

Short term interest free payment plans are available to patients who have the ability to pay their account balances.

Healthcare Financing

Financing is available for those patients who do not qualify for the Patient Financial Assistance Program and/or cannot pay their balances within 6 months. Restrictions apply.

Patient Financial Assistance Program

Financial assistance may be available to patients who do not have insurance, do not qualify for government assistance, or cannot afford their healthcare needs. Eligibility is determined by family size, income, and other factors.

Valley Dividend Program

If you are a homeowner within Public Hospital District #1 of King County, please call 425-251-5178, #4.

Insurance Information

1. MEDICARE - MEDICARE PART A AND B
- 2.
- 3.

If there are updates to your insurance, please fill out the insurance change form on the back or call 425-467-7186 or 1-888-400-5725.

Contact Us

For questions regarding your bill or to discuss one of the financial options, please contact our office at: 425-467-7186 or 1-888-400-5725
Business Hours: 7:30 am - 5:00 pm PST Monday - Friday



Valley Medical Center now offers a simple, secure online billing manager for easy access to update your account, receive electronic statement notifications and pay your hospital bills at any time. Please visit our Online Business Office at www.valleymed.org and select Pay My Bill from the Patient & Visitors header.

UW Medicine

VALLEY
MEDICAL CENTER

400 South 43rd Street
Renton, WA 98055-5010

- Make Check Payable to Valley Medical Center.
- Please include your Account Number on your check.
- Enclose this payment stub with your payment.

Amount Paid

\$

Guarantor Name	Account #	Due Date	Amount Due	Method of Payment
Guarantor Sample-Statement	10965	10/10/12	\$152.00	Check one: <input type="checkbox"/> Payment Enclosed <input type="checkbox"/> Charge (Complete below)
<input type="checkbox"/> PLEASE CHECK BOX IF ADDRESS IS INCORRECT OR INSURANCE INFORMATION HAS CHANGED AND INDICATE CHANGES ON REVERSE SIDE.				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
				Credit Card Number
				Credit Card Expiration Date
				Credit Card Holder's Signature (Cannot process without signature)

Valley Medical Center
P.O. Box 34850
Seattle, WA 98124-1850

0000010965 0000046225 00000152000

0000010965 0000046225 00000152000

Guarantor Name: Guarantor Sample-Statement
Guarantor Number: 10965

22

CHANGE OF ADDRESS OR HEALTH INSURANCE INFORMATION

Account Number: 10965

If you have a new health insurance or a new address, please enter the information below

PATIENT NAME(PRINT)			NEW PHONE#
NEW ADDRESS	CITY	STATE	ZIP CODE
POLICY HOLDER'S NAME/RELATIONSHIP TO PATIENT		SUBSCRIBER ID/POLICY #	INSURED DATE OF BIRTH
EFFECTIVE DATE	GROUP NAME	GROUP#	INSURANCE PHONE#
INSURANCE COMPANY NAME		INSURANCE ADDRESS	
EMPLOYER		EMPLOYER ADDRESS	
EMAIL ADDRESS			

23

Payment Plan Account Detail

Inpatient Visit Account: 300002805 - \$120.00	Total Outstanding Balance:	\$120.00
	Number of Payments Left:	0
	Monthly Amount:	\$20.00
	Current Amount Due:	\$20.00

Professional Services Account Detail

Date of Service	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Responsibility
Emergency Visit Account: 300002795 - Patient Sample-Statement Vmc Emergency - Robert E Molina (Testing), MD					
08/13/12	EMERGENCY DEPT VISIT, LEVEL I	\$61.00			
08/20/12	MEDICARE INSURANCE PAYMENT (INSURANCE)		-\$50.00		
	ACCOUNT BALANCE				\$11.00
Professional Services Totals		\$61.00	-\$50.00	\$0.00	\$11.00

Hospital Services Account Detail

Date of Service	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Responsibility
Emergency Visit Account: 300002794 - Patient Sample-Statement Attending Physician: 08/13/12 - 08/13/12					
08/21/12	RADIOLOGY - DIAGNOSTIC - GENERAL CLASSIFICATION	\$729.00			
	MEDICARE INSURANCE PAYMENT (INSURANCE)		-\$629.00		
	MEDICARE Adjustments		-\$29.00		
	ACCOUNT BALANCE				\$71.00
Inpatient Visit Account: 300003081 - Patient Sample-Statement Attending Physician: MOLINA (TESTING), ROBERT E 08/16/12 - 08/18/12					
08/28/12	ROOM & BOARD - SEMI-PRIVATE TWO BED (MEDICAL OR GENERAL) - GENERAL CLASSIFICATION	\$3,374.00			
	MEDICARE INSURANCE PAYMENT (INSURANCE)		-\$3,174.00		
	MEDICARE Adjustments		-\$100.00		
08/29/12	CO-PAYMENT (ACCOUNT)			-\$25.00	
08/29/12	PATIENT PAYMENT (ACCOUNT)			-\$25.00	
	ACCOUNT BALANCE				\$50.00
Hospital Services Totals		\$4,103.00	-\$3,932.00	-\$50.00	\$121.00

Page 1 of Statement

- 1 Guarantor – Name and address of the person that is financially responsible for this bill.
- 2 Important Message- This important message contains information about your bill.
- 3 Insurance Information – The insurance plan(s) listed for this visit.
- 4 Guarantor – Name of the person that is financially responsible for this bill.
- 5 Remittance Address - The address where your payment should be mailed. Please detach the bottom of portion of the statement with your payment to ensure proper credit to your account.
- 6 Account # - Guarantor Account Number – This number represents a specific identification number for this guarantor. A different patient account number will be assigned for each visit
- 7 Due Date – Date Payment in due
- 8 Amount Due – This is the amount of payment due on this Guarantor account for this billing period. If a payment plan has been established, this would be the monthly payment due. If no payment plan has been assigned, this would be the open account balance due from the guarantor.
- 9-17 9) Guarantor Name – Name of the person that is financially responsible for this bill
10) Guarantor Account Number – This number represents a specific identification number for this guarantor. A different patient account number will be assigned for each visit
11) Statement Date – Date your statement was created. Any payments posted after this date will not be reflected in the Open Account Balance
12) Total Charges – Total of all charges for this visit
13) Total Payment(s) – Total of all payments applied to this guarantor’s account(s) from a patient / guarantor & insurance company
14) Total Adjustment(s) – Total of all adjustments applied to this guarantor’s account(s)
15) Open Account Balance – Any outstanding balance due from Guarantor
16) Payment Plan Amount – Amount of monthly payment plan payment due

17) PLEASE PAY THIS AMOUNT - This is the total balance due for the guarantor referenced in this statement.
- 18 For Your Information – This area contains information about our payment arrangement and financial assistance options.
- 19 Contact Us – This is the phone number of our Patient Financial Services Customer Service department. Please refer to the account number on your statement when calling.
- 20 Amount Paid – This is the amount of payment being made on this account for this statement.
- 21 Method of Payment – Indicates the type of payment enclosed. Please complete the requested information and return the bottom of the statement in the envelope provided. If you are paying by check, please indicate your account number on your check.

Credit Card Information - If you are paying your balance by credit or debit, card, Please indicate your card information in these fields

Page 2 of Statement

- 22 Guarantor Name – Name of the person that is financially responsible for this bill
Guarantor Account Number – This number represents a specific identification number for this guarantor. A different patient account number will be assigned for each visit
- 23 Change of Address Information – To correct your name and address information, please complete this portion of the statement so we may update your account in our system

Change of Health Insurance Information – To correct your insurance information, please complete this portion of the statement so we may update your account in our system

Insurance Payment(s) & Insurance Adjustment(s) – Total of all insurance payments, and adjustments received for patient / guarantor of account for this visit

Page 3 of Statement

- 24 Guarantor Name – Name of the person that is financially responsible for this bill
Guarantor Account Number – This number represents a specific identification number for this guarantor. A different patient account number will be assigned for each visit
- 25 Payment Plan Account Detail – This field will indicate the number of monthly payments and the payment plan amount due on the Guarantor account if a payment plan has been established on a Guarantor account.
- 26 Professional Services Account Detail – This field will list all professional services received by the Guarantor or additional patients assigned to this guarantor in the Valley Medical Center Clinic Network. The information included in this area is Payments / Adjustments applied to each account, as well as any remaining balance(s). ** Please note: The patient name will be listed in the heading for each visit
- 27 Hospital Services Account Detail - This field will list all hospital services received by the Guarantor or additional patients assigned to this guarantor at Valley Medical Center. The information included in this area is Payments / Adjustments applied to each account, as well as any remaining balance(s).
** Please note: The patient name will be listed in the heading for each visit