

Key Features of The Improved Facey Billing Statement

1 Your mailing address is displayed here. For your convenience, we have printed your current insurance information on the opposite side of this page. We ask that you review it and make any changes, if necessary.

2 Payment due is now prominently displayed at the top of your billing statement, including your account number. This is also the portion of your statement that you should return with your payment.

3 Our mailing address for check and credit card payments is located here. *Make sure to include your account number* in the payment note or reference field if you choose to pay your bill online through your bank or other service.

4 The person responsible for payment is listed here along with the account number. We also include a total of the charges that we have billed to your insurance company. *Please note you may be responsible for all or a portion of these charges, depending on your insurance plan benefits.*

5 Your current charges and payments are itemized by visit and listed here under separate invoice numbers. For your reference, we also include the name of the physician you saw. When there is a payment due for a particular visit, we will note it here.

6 Important messages about the status of your account will be displayed here. Please read them carefully and call us toll-free at (877) 322-3963 if you have any questions.



FILE 50670 LOS ANGELES, CA 90074-0670
STATEMENT 04/28/2011

Jane Doe
555 ANYWHERE STREET
MISSION HILLS, CA 91345

Insurance information on reverse side – please update
Update address change on reverse side

GUARANTOR: Jane Doe Account Number: 001030070
Note: CHARGES PENDING INSURANCE PAYMENT: \$90.00
(Patient responsibility may apply based on member's health plan benefits)

SERVICES AND ASSOCIATED CHARGES		PAYMENTS AND AMOUNT OWED BY PATIENT	
Patient Name: Jane Doe		Past Due: \$0.00	
Invoice Number: 13893291			
Provider: Michael Sanchez MD		04/26/2011 NO PAYMENT RECEIVED	\$0.00
12/15/2010 99213 OFFICE VISIT, ESTA	\$100.00	04/26/2011 PMT BY BLUE CROSS	
12/15/2010 99395 PREV MEDICINE, EST	\$190.00	PAYMENT:	-\$140.00
		ADJUSTMENT:	-\$125.00
Total Charges:	\$290.00	Amount Due:	\$25.00
Invoice Number: 13176709			
Provider: Kamyar Amini MD		04/26/2011 PMT BY CHECK	-\$45.00
03/25/2011 99241 INITIAL CONSULT, L	\$135.00		
Insurance Billed:	\$135.00		

Important Message Regarding Your Account

7 On the back of this page you will find additional information, including your insurance coverage that we have on file, a change of address form, an overview of our payment policy and a brief glossary of terms. We encourage you to check this information regularly to verify its accuracy and notify us of any changes.

ACCT NUMBER: 001030070	AMT DUE: \$25.00
CHECK #	AMT PAID \$
2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CREDIT CARD #	
SIGNATURE	EXP DATE

PAYMENT DUE UPON RECEIPT \$25.00

MAKE CHECKS PAYABLE AND MAIL TO:

FACEY MEDICAL FOUNDATION FILE 50670 LOS ANGELES, CA 90074-0670	3
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Please include account number with on-line payment(s)
Return upper portion with payment

STATEMENT OF PROFESSIONAL SERVICES

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Statement Date: 04/28/2011

Do We Have Your Current Insurance Information?
Accurate insurance information helps ensure prompt payments by your insurance company. Complete this insurance information area only if information has not been previously provided in this statement. Please indicate status of the first and last of your insurance card(s).

Primary Insurance: BLUE CROSS PRIMARY	<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY	Subscriber Name	Relation to Patient
Member # POLICY # XXXXXXXXXX		Policy Number #	
Phone Number: 800/322-3963		Insured Co. Name	
Secondary Insurance		Insured Co. Address	
Member #		Group Policy #	
Phone #		Insurance Phone #	Insurance Effective Date
Employer #		Employer	

If you have questions about insurance plan benefits, deductibles and/or co-payments, please contact your insurance company, BLUE CROSS PRIMARY. Please contact Patient Accounts at (877) 322-3963 if the insurance billed is incorrect. Monday-Friday 8:00 am - 5:00 pm. Our Customer Service Representatives are happy to assist you.

Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Account # (optional): _____

PRIMARY INSURANCE: Facey Medical Foundation (Facey) will bill your primary insurance carrier for all services. We do not adjust charges to your insurance carrier's usual and customary amounts unless your insurance carrier has a contract with Facey. Please review the account information listed above and submit any corrections or changes on the coupon provided. You may call Patient Accounts at (877) 322-3963 to make these changes.

Facey's contracted insurance carriers are listed on our website www.Facey.com.

SECONDARY/SUPPLEMENTAL INSURANCE: Facey bills secondary insurance carriers if you have provided us with both your primary and secondary insurance carrier information.

CHARGES PENDING INSURANCE PAYMENT: Information indicating services billed to your insurance carrier for payment processing. Patient responsibility may apply based on member's health plan benefits.

INSURANCE COVERAGE: It is patient responsibility to know insurance benefits and coverage. For questions regarding your benefits/coverage, call your insurance's member services department. This number is located on your insurance card.

DEDUCTIBLES/CO-INSURANCE: Deductibles and co-insurance are due and payable upon receipt of your statement.

CO-PAYMENTS: Co-payments are due at the time of service and may not be waived as per our health plan contracts. If co-payment was not made at time of service it is due upon receipt of your statement.

PATIENT PAYMENTS: Facey's policy requires payment in full due upon receipt of your statement. Payments may be made by credit card using the front top portion of the statement or by calling Patient Accounts at (877) 322-3963.

Facey reserves the right to charge a fee for each returned check; this fee is due upon receipt of your statement.

UNINSURED: Immediately contact the business office to inquire about our uninsured prompt payment discount or to discuss payment arrangements.

FINANCIAL ASSISTANCE: Facey has a Financial Assistance program for patients established with our medical group. If you are a low income patient who would like to request an application for assistance in paying your bill, please call (877) 322-3963 and request an application.

BILLING DISPUTES: Please contact the Business Office at (877) 322-3963 if disputing Facey's billed services.

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