

We've made your statement easier to read

Frequently Asked Questions

Your new guarantor number.

Payment expected and date due.

Multiple family members are listed on one statement.

The back of your statement has important information for you. You may find your answers there.

Resnick Neuropsychiatric Hospital at UCLA

IMPORTANT:
ABOUT YOUR HOSPITAL ACCOUNT

Your account reflects a balance due in the amount of \$472.00. Please remit payment by 11/01/2012.
We hope to serve you again if your healthcare need arises. Please return the stub at the bottom with your payment in the enclosed envelope.
For credit card payments complete the stub at the bottom.

HOSPITAL SERVICES

QUESTIONS?
Please contact us at (310) 825-8021 for the following services: Written Correspondence:
 • To speak to a Customer Service Representative: 7:30 a.m. to 4:30 p.m. weekdays (except holidays).
 • Automated Account Information: 24 hours, 7 days a week.
 • See reverse for automated options.

UCLA Health
10920 Wilshire Blvd., Suite 1600
Los Angeles, CA 90024-6502
To fax us: (310) 794-8552

ACCOUNT SUMMARY

GUARANTOR NUMBER.....123456789
 STATEMENT DATE.....October 1, 2012
 FINANCIALLY RESPONSIBLE.....John Q. Patient
 TOTAL CURRENT CHARGES.....\$13,857.00
 PATIENT PAYMENTS.....\$3,275.00
 INSURANCE PAYMENTS.....\$5,710.00
 INSURANCE ADJUSTMENTS.....\$1,600.00
 INSURANCE PENDING.....\$2,800.00

YOUR RESPONSIBILITY TO PAY
\$472.00 DUE: 11/01/2012

Note: Your physicians will bill separately for their professional services. Payments received after the bill date will appear on your next statement.

INSURANCE INFORMATION

Please confirm that this information is correct.
 If there are changes here and complete reverse.

PRIMARY
 INSURANCE NAME.....ABC Insurance Co.
 POLICY NUMBER.....ABC12345678-3

SECONDARY
 INSURANCE NAME.....Medical
 POLICY NUMBER.....DEF91121314-1

FOR JOHN Q. PATIENT'S VISIT							ACCT #: 223456789
							STATUS: FINAL NOTICE
DATE(S) OF SERVICE	DESCRIPTION OF SERVICE	CHARGES	PATIENT PAYMENTS	INS. CO. PAYMENTS	ADJUSTMENTS	INSURANCE PENDING	YOUR RESPONSIBILITY
05/12/12-05/18/12	Inpatient	2,925.00					
TOTALS for this section		2,925.00	-2,400.00	-300.00	-200.00	.00	25.00
FOR ROBERT Q. PATIENT'S VISIT							ACCT #: 456789101
							STATUS: CURRENT
DATE(S) OF SERVICE	DESCRIPTION OF SERVICE	CHARGES	PATIENT PAYMENTS	INS. CO. PAYMENTS	ADJUSTMENTS	INSURANCE PENDING	YOUR RESPONSIBILITY
09/01/12-09/03/12	Adult Services-php	3,411.00					
TOTALS for this section		3,411.00	-100.00	-2,000.00	-600.00	-500.00	211.00
FOR SANDRA L. PATIENT'S VISIT							ACCT #: 123456777
							STATUS: CURRENT
DATE(S) OF SERVICE	DESCRIPTION OF SERVICE	CHARGES	PATIENT PAYMENTS	INS. CO. PAYMENTS	ADJUSTMENTS	INSURANCE PENDING	YOUR RESPONSIBILITY
09/01/12-09/03/12	Obs Compls Dsor-php	7,521.00					
TOTALS for this section		7,521.00	-1,675.00	-3,410.00	-800.00	-1,400.00	236.00
TOTAL CURRENT CHARGES ►		\$13,857.00	\$4,175.00	\$5,710.00	\$1,600.00	\$1,900.00	\$472.00

Please note that your responsibility is estimated and is subject to change based upon your insurance carrier's final claim determination.

CURRENT CHARGES	30-60 DAYS	60-90 DAYS	90-120 DAYS	120+ DAYS
472.00	\$447.00	\$0.00	\$25.00	\$0.00

Resnick Neuropsychiatric Hospital at UCLA
 P.O. Box 64460
 Los Angeles, CA 90064-0460

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#BWNMGNP
 #204 6000 0007 6261 1#
 JOHN Q. PATIENT
 25 ANY STREET
 LOS ANGELES, CA 90064

MAKE CHECK PAYABLE TO: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA
 MAIL PAYMENT TO

RESNICK NEUROPSYCHIATRIC HOSPITAL AT UCLA
 PATIENT BUSINESS SERVICES
 FILE 748260
 LOS ANGELES, CA 90074-8260

01233345678911080107000273952X

Please read important messages regarding your account status.

Where to write to us or send special information.

This column is the amount you must pay after payments and adjustments.

Your account status.

If you are on a payment plan your agreed payment will appear here.

Write in the amount of your check or money order.

Send payments here.

- Q: What is a facility fee?**
 A: A facility fee is for the use of our clinics and ancillary services.
- Q: Does my hospital bill include doctor's fees?**
 A: Physicians bill separately for their charges. UCLA Physician Support Services/Medical Group can be reached at (310) 301-8877.
- Q: What happens if my insurance denies the claim?**
 A: A statement will be mailed to you advising you how much you owe. You should also receive an Explanation of Benefits (EOB) or a denial notification from your Health Plan.
 If your health plan is Medi-Cal, Medicare, HMO or Worker Compensation, you will only receive a bill when your claim is denied or your health plan identifies a patient responsibility.
- Q: What if I cannot pay in full or have a financial hardship?**
 A: We understand you may not be able to pay the entire balance. A reasonable payment arrangement must be made with one of our customer service representatives in order to hold your account from becoming delinquent. Patients who require assistance in meeting their financial obligations for the services received at UCLA Health may apply for financial assistance.
 Please contact one our customer service representatives at (310) 825-8021 to assist you with your financial situation.

For more information, go to uclahealth.org/yourbill