We've made your statement easier to read

**HOSPITAL SERVICES**

**QUESTIONS?**
- Please contact us at (310) 825-8021 for the following services:
  - 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.

**ACCOUNT SUMMARY**
- GUARANTOR NUMBER: 735456789
- STATEMENT DATE: October 1, 2012
- PATIENT RESPONSIBILITY TO PAY: $472.00 DUE: 11/01/2012

**INSURANCE INFORMATION**
- Please confirm that this information is correct.
- If there are changes, please complete reverse.
- PRIMARY: INSURANCE NAME: ABC Insurance Co.
  POLICY NUMBER: ABC123456789-3
- SECONDARY: INSURANCE NAME: Medical
  POLICY NUMBER: DEFO1112314-1

**FOR JOHN Q. PATIENT’S VISIT**

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>DESCRIPTION OF SERVICE</th>
<th>CHARGERS</th>
<th>PATIENT</th>
<th>INS. CO.</th>
<th>ADJUSTMENTS</th>
<th>BILLING</th>
<th>RESPONSIBILITY</th>
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<tbody>
<tr>
<td>09/17/12</td>
<td>Med Surg-Phq</td>
<td>$2,937.00</td>
<td>-1,000</td>
<td>-400.00</td>
<td>0.00</td>
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**FOR ROBERT R. PATIENT’S VISIT**

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<th>CHARGERS</th>
<th>PATIENT</th>
<th>INS. CO.</th>
<th>ADJUSTMENTS</th>
<th>BILLING</th>
<th>RESPONSIBILITY</th>
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<td>08/30/12</td>
<td>Med Surg-Phq</td>
<td>$3,411.00</td>
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**FOR SANDRA L. PATIENT’S VISIT**

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<th>CHARGERS</th>
<th>PATIENT</th>
<th>INS. CO.</th>
<th>ADJUSTMENTS</th>
<th>BILLING</th>
<th>RESPONSIBILITY</th>
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<tr>
<td>09/17/12</td>
<td>Med Surg-Phq</td>
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<td>-3,000.00</td>
<td>-400.00</td>
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<td>236.00</td>
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**FREQUENTLY ASKED QUESTIONS**

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.

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