

**STEP 1:** Look at the upper left corner of your bill to find **“Guarantor Number.”**

## UCLA Health

### PHYSICIAN SERVICES

**TO QUESTION?**

**TO PAY ONLINE, VISIT: [billing.uclahealth.org](http://billing.uclahealth.org)**

For billing questions call us at 800-955-4622, please contact us at 310-820-9800  
Hours of operation: 7:00 a.m. to 7:00 p.m. PST weekdays (except holidays)

**Written Correspondence:**  
UCLA Medical Center  
P.O. Box 160600  
Village Station  
Los Angeles, CA 90016

**IMPORTANT:  
ABOUT YOUR PHYSICIAN ACCOUNT**

This statement is for PHYSICIAN services only. You will receive a separate bill for medical hospital services if applicable.

We have recently made some changes to our physicians' statements to make it more informative and readable as possible. Please contact us after 90 days if you have any questions or if you are having any difficulty with this statement.

**▶ ACCOUNT SUMMARY**

GUARANTEE NUMBER.....1234567  
STATEMENT DATE.....04/09/2012  
FINANCIAL RESPONSIBILITY.....11/13/2012  
CHARGES.....\$140.00 U Bruin  
PAYMENTS.....\$130.00  
ADJUSTMENTS.....\$0.00  
IN-SURANCE RESPONSIBILITY.....\$0.00

**YOUR RESPONSIBILITY TO PAY**  
**\$140.00 DUE: \$140.00**

**▶ INSURANCE INFORMATION**

Please confirm the information is correct.  
If there are any changes, and enter them on back of last of payment stub.

**PRIMARY** NAME: JOSEPHINE U BRUIN  
ADDRESS: 123456789010  
CITY: LOS ANGELES, CA 90016  
STATE: CA ZIP: 90016  
PHONE: (555) 555-5555  
INSURANCE: BLUE CROSS OF CALIFORNIA  
POLICY NUMBER: 123456789010  
EFFECTIVE DATE: 01/01/2012  
EXPIRATION DATE: 12/31/2012

PAYMENT	DATE OF PAYMENT	RECEIPT NUMBER	CHARGES	PAID	UNPAID	REMAINING	FINANCIAL RESPONSIBILITY	TOTAL RESPONSIBILITY
Dr. BRUIN U JOSEPHINE U Bruin Medical Services Surgery (a) W/ DRUG COSME PROS			140.00	00.00	00.00	00.00	0.00	140.00
<b>Total For Patient</b>			<b>140.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>140.00</b>
<b>All Amounts Owed \$140.00</b>								
<b>Minimum Amount Due Now \$140.00</b>								
<b>Over 10 Days \$140.00</b>								
<b>Over 30 Days \$140.00</b>								

**▶ ACCOUNT SUMMARY**

GUARANTEE NUMBER.....1234567  
STATEMENT DATE.....04/09/2012  
FINANCIAL RESPONSIBILITY.....11/13/2012  
CHARGES.....Josephine U Bruin  
PAYMENTS.....\$140.00  
ADJUSTMENTS.....\$0.00  
IN-SURANCE RESPONSIBILITY.....\$0.00

**▶ YOUR RESPONSIBILITY TO PAY**  
**\$140.00 DUE: \$140.00**

**TO PAY ONLINE, VISIT: [billing.uclahealth.org](http://billing.uclahealth.org)**

☐ \*2% Cash Value Payable to you in two 1% cash value redeemable on the back of this page  
\*Cash charges on AMERICAN EXPRESS payable to UCLA Medical Center

**USE CHECKS ENCLOSED TO MAIL PAYMENTS TO THE ADDRESS BELOW**

UCLA Medical Group Patient Pay  
P.O. Box 161600  
Los Angeles, CA 90016-0160

**TO PAY WITH YOUR PAYMENT**

STANDARD DEBIT CREDIT

NAME: JOSEPHINE U BRUIN  
ADDRESS: 123456789010  
CITY: LOS ANGELES, CA 90016  
STATE: CA ZIP: 90016  
PHONE: (555) 555-5555  
INSURANCE: BLUE CROSS OF CALIFORNIA  
POLICY NUMBER: 123456789010  
EFFECTIVE DATE: 01/01/2012  
EXPIRATION DATE: 12/31/2012

Enter the **“Guarantor Number”** and other information required in our secure log-in page.

Ronald Reagan UCLA Medical Center • Mattel Children's Hospital UCLA • Resnick Neuropsychiatric Hospital at UCLA • Santa Monica UCLA Medical Center and Orthopaedic Hospital

# UCLA Health

Welcome to the UCLA Health System Patient Dashboard

Please provide the following information to create a new patient account.

Username:

E-mail Address:

Confirm E-mail:

**For your security, please create a password using the following rules:**

- Minimum of 8 characters long (required)

**At least two of the following are required:**

- Contains at least one uppercase letter
- Contains at least one lowercase letter
- Contains at least one number
- Contains at least one symbol (i.e. \$, #, !, etc.)

Password:

Confirm:

Guarantor Name:  Your name exactly as it appears on your statement.

Guarantor #:

Date of birth:

UNDO CHANGES

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If you have a question with your bill,  
contact us at (310) 301-8860.

## Frequently Asked Questions

**Q: I'm having trouble creating an account. What should I do?**

A: If you have double-checked your information and still cannot create an account, please contact Customer Service at (310) 301-8860 between the hours of 7 am and 7 pm weekdays, excluding holidays.

**Q: Will there always be so many steps each time I pay my bill?**

A: No, once you have registered and created your log-in all you have to do the next time you visit the site is to enter your user name and password.

**Q: I forgot my password. What do I do?**

A: Click on the "Having issues logging in?" link, which is located on the log-in page. Follow the directions to receive a temporary password.

**Q: What if my e-mail address has changed?**

A: To change your e-mail address, log in with your old e-mail and then click the My Account link from the top menu of the Dashboard, and select Edit My Profile. Update your information and then click on the Save button.

**Q: When will my payment appear on my UCLA Health account?**

A: Your payment may take up to two to three business days to be applied to your account. Please save or print your payment confirmation for your records. Your online statement will not be updated until your next statement date.

**Q: What if I decide not to pay a statement online?**

A: You are not required to pay online. We offer this service free of charge for our patients' convenience.

**Q: Is there a charge to pay a statement online?**

A: There is no charge to pay your statement online. This is a service we provide free of charge for you.

# Pay Your Physician Bill Online

Fast • Easy • Convenient • Secure

