

### Understanding Your Monthly Hospital Account Summary

You will receive this monthly summary statement if there are any open hospital accounts with self pay balances after thirty (30) days. This monthly statement summarizes hospital charges only. You may receive separate bill(s) for physician services and other professional services such as those provided by a radiologist, pathologist, anesthesiologist, etc.

**1** **Statement Date:** 06/30/2006 <sup>a</sup>      **Due Date:** 07/30/2006 <sup>b</sup>      **Total Amount Due:** <sup>c</sup>      **\$ 145.00**  
**Guarantor:** Doe, John <sup>d</sup>      **Guarantor No.** 1234567 <sup>e</sup>      **Total Self Pay Balance:** <sup>f</sup>      **\$ 295.00**  
**Total Bad Debt Portion:** <sup>g</sup>      **\$ 100.00**

**2**      **3**      **4**      **5**      **6**

Patient Name	Hospital Account Number	Service Date	Summary	Amount
Doe, John	12345672001	1/1/06-1/3/06	<i>Payment Plan: (Amount Due - \$25.00)</i> <sup>a</sup> Total Charges: <sup>b</sup> \$1,000.00 Payments/Adjustments: (\$800.00) Patient Discounts: - Patient Payments: (\$25.00) Outstanding Balance: <sup>c</sup> <b>\$175.00</b>	
Doe, Jimmie	76543212001	2/1/06-2/3/06	Payment Plan: (N/A) Total Charges: \$1,136.75 Payments/Adjustments: (\$909.40) Patient Discounts: - Patient Payments: (\$207.35) Outstanding Balance sent to agency: <sup>d</sup> <b>\$20.00</b> The following amount is not included in the above account detail due to placement at a bad debt collection agency Bad Debt Balance: <sup>e</sup> <sup>f</sup> <b>\$100.00</b> Prior Bad Debt Payments -- \$ 0.00 GRAND TOTAL: <sup>g</sup> <b>\$295.00</b> TOTAL AMOUNT DUE BY 07/30/2006 <sup>h</sup> <b>\$145.00</b>	

Please note that you may receive a separate letter for all amounts placed at a collection agency

**7** For hospital account questions or information, please call customer service department at 312-942-5693 or toll free at 866-761-7812 Monday through Friday 8am-4:30pm or email us at [www.billing\\_info@rush.edu](mailto:www.billing_info@rush.edu). Rush University Medical Center offers a number of Financial Assistance Programs and/or monthly time payments. For further information, please contact a customer service representative at the number listed above or visit our website at [www.rush.edu](http://www.rush.edu)

For online hospital bill payment visit Rush University Medical Center website at [www.rush.edu](http://www.rush.edu)

<b>8</b> Guarantor Number	<b>9</b> Guarantor Name	<b>10</b> Amount Due	<b>11</b> Payment Amount
1234567	Doe, John	\$ 145.00	\$

**12 To pay by mail:**  
 Make check or money order payable to Rush University Medical Center. Include your account number on your check and use the enclosed self addressed envelope.

**13 To pay by credit card:**  
 Please indicate credit card preference, provide account information and sign below.

REMIT THIS STUB TO:

Rush University Medical Center  
 P.O. Box 4075  
 Carol Stream, IL 60197-4075

Account No \_\_\_\_\_  
 Card Holder Name \_\_\_\_\_  
 Signature X \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ Verification Code \_\_\_\_\_

## Understanding Your Monthly Account Summary - Descriptions

<p><b>1. Header Row</b> This section contains standard information about the amount owed and the person responsible for payment (see 1a-1g).</p>	<p><b>6. Amount</b> The amount in this section refers to the dollar amount for each summary item (e.g., charges, payments, adjustments, etc)</p>
<p><b>1a.</b> STATEMENT DATE is date bill was created  <b>1b.</b> DUE DATE is date payment is due  <b>1c.</b> TOTAL AMOUNT DUE is amount guarantor is expected to pay before the indicated due date  <b>1d.</b> GUARANTOR is person responsible for payment  <b>1e.</b> GUARANTOR NO. is ID assigned to guarantor by the hospital  <b>1f.</b> TOTAL SELF PAY BALANCE is the total of all hospital account self pay balances. This balance excludes any outstanding physician charges you may owe for professional services (i.e., radiology, labs, anesthesiology, etc)  <b>1g.</b> TOTAL BAD DEBT PORTION is the amount sent to a bad debt collection agency due to untimely payment</p>	<p><b>7. Informational Memo 1</b> If applicable, you will be contacted by a bad debt collection agency for the specified open bad debt balances. Note, you will not receive a monthly hospital account summary if all open balances are placed at a bad debt collection agency. The bad debt collection agency will contact you directly for all bad debt until all open bad debt balances are paid. You will also be contacted by a non bad debt collection agency for outsourced open balances. In both bad debt and non-bad debt collection agency accounts, the due date on the correspondence may differ from this statement.</p> <p><b>Informational Memo 2</b> This section contains customer service, financial assistance, and contact information.</p>
<p><b>2. Patient Name</b> The patient name is the name of the person receiving services. This name should match the legal name that appears on acceptable forms of identification. This section contains <u>all</u> patients covered under the guarantor with outstanding balances, including applicable dependants.</p>	<p><b>8-9. Guarantor Number &amp; Guarantor Name</b> A guarantor is ultimately responsible for outstanding balances. The guarantor may or may not be the patient. For example, a parent can be the guarantor for his/her child. The guarantor name is verified during registration. The guarantor number is assigned by the hospital during registration.</p>
<p><b>3. Hospital Account Number</b> The unique internal number assigned by the hospital for each specific hospital visit.</p>	<p><b>10. Amount Due</b> The amount due is the amount you are expected to pay the hospital. This amount may include coinsurance/deductible if self-pay after insurance.</p>
<p><b>4. Service Date</b> The date(s) medical services were rendered; the admit through discharge date(s) for each specific hospital visit.</p>	<p><b>11. Payment Amount</b> The payment amount you choose to pay. This amount should match the amount due whenever possible.</p>
<p><b>5. Summary</b> This section contains standard information for each specific hospital visit assigned to the designated guarantor. Contents in this section may vary depending on your specific situation (see 5a-5g).</p>	<p><b>12. To pay by mail</b> This section contains the hospital payment name and address that you will use if you choose to make your payment to the hospital using a check or money order.</p>
<p><b>5a.</b> Payment Plan and payment terms – <i>if applicable</i>  <b>5b.</b> Total charges, Insurance Payments/Adjustments, Patient Discounts, and/or Patient Payments posted prior to statement date; for each specific hospital visit.  <b>5c.</b> Outstanding open balance for each specified hospital visit  <b>5d.</b> Outstanding open balance outsourced to a collection agency - <i>if applicable</i>  <b>5e.</b> Bad Debt Balance sent to collection agency – <i>if applicable</i>  <b>5f.</b> Prior Bad Debt Payments – <i>if applicable</i>  <b>5g.</b> Grand Total of the sum of each specific hospital visit  <b>5h.</b> Total Amount Due By MM/DD/YY including any applicable payment plan terms</p>	<p><b>13. To pay by credit card</b> Complete this section if you choose to make your payment to the hospital using an American Express, MasterCard, Visa, or Discover credit card. The Verification Code is the three (3) digit code located on the back of your credit card.</p>

Note, sections 1-7 refers to the bill and sections 8-12 refers to the payment coupon attached to the bottom of the bill.