

# We've made your statement easier to read

# Frequently Asked Questions

Two hospitals on one bill.

**UCLA Health**  
Ronald Reagan UCLA Medical Center  
Santa Monica-UCLA Medical Center  
and Orthopaedic Hospital



**IMPORTANT: ABOUT YOUR HOSPITAL ACCOUNT**

Your account reflects a balance due in the amount of \$236.00. 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.

Please read important messages regarding your account status.

## 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.

**Written Correspondence:**

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

Where to write to us or send special information.

Your new guarantor number.

### ACCOUNT SUMMARY

GUARANTOR NUMBER.....123456789  
STATEMENT DATE.....October 1, 2012  
FINANCIALLY RESPONSIBLE.....John Q. Patient  
TOTAL CURRENT CHARGES.....\$6,336.00  
PATIENT PAYMENTS.....\$1,600.00  
INSURANCE PAYMENTS.....\$2,300.00  
INSURANCE ADJUSTMENTS.....\$800.00  
INSURANCE PENDING.....\$1,400.00

### 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.....DEF911121314-1

Payment expected and date due.

**YOUR RESPONSIBILITY TO PAY**  
**\$236.00 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.*

FOR JOHN Q. PATIENT'S VISIT TO UCLA HEALTH AT RONALD REAGAN UCLA MEDICAL CENTER ACCT #: 223456789 STATUS: PAST DUE

DATE(S) OF SERVICE	DESCRIPTION OF SERVICE	CHARGES	PATIENT PAYMENTS	INS. CO. PAYMENTS	ADJUSTMENTS	INSURANCE PENDING	YOUR RESPONSIBILITY
07/12/12-08/18/12	Emergency Room	2,470.00					
07/12/12	Sodium Chloride Inj 0.9% 10 ml	60.00					
07/12/12	Blood Count Manual Diff Wbc	70.00					
07/13/12	Cbc & Platelet Count	60.00					
07/14/12	Prothrombin Time	65.00					
<b>TOTALS for this section</b>		<b>2,725.00</b>	<b>-1,500.00</b>	<b>-300.00</b>	<b>-200.00</b>	<b>-700.00</b>	<b>25.00</b>

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

Multiple family members are listed on one statement.

FOR SALLY R. PATIENT'S VISIT TO UCLA HEALTH AT RONALD REAGAN UCLA MEDICAL CENTER ACCT #: 123456999 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	Ct Abdomen W&wo Contrast	1,480.00					
09/02/12	Ct Pelvis W/contrast	1,451.00					
<b>TOTALS for this section</b>		<b>2,931.00</b>	<b>-100.00</b>	<b>-2,000.00</b>	<b>-600.00</b>	<b>-20.00</b>	<b>211.00</b>

Your account status.

FOR MARY R. PATIENT'S VISIT TO SANTA MONICA-UCLA MEDICAL CENTER AND ORTHOPAEDIC HOSPITAL ACCT #: 456789101 STATUS: CURRENT

DATE(S) OF SERVICE	DESCRIPTION OF SERVICE	CHARGES	PATIENT PAYMENTS	INS. CO. PAYMENTS	ADJUSTMENTS	INSURANCE PENDING	YOUR RESPONSIBILITY
08/01/12-08/01/12	MRI	710.00					
<b>TOTALS for this section</b>		<b>710.00</b>	<b>.00</b>	<b>-710.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>
<b>TOTAL CURRENT CHARGES</b>		<b>\$6,366.00</b>	<b>1,600.00</b>	<b>\$3,010.00</b>	<b>\$800.00</b>	<b>\$720.00</b>	<b>\$236.00</b>

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

The back of your statement has important information for you.

**UCLA Health**  
Ronald Reagan UCLA Medical Center  
Santa Monica-UCLA Medical Center and Orthopaedic Hospital  
P.O. Box 64460  
Los Angeles, CA 90064-0460

GUARANTOR NUMBER 123456789 STATEMENT DATE 10/01/2012 AMOUNT DUE \$236.00

MINIMUM DUE

AMOUNT ENCLOSED

PLEASE PRINT CARD HOLDER NAME

Card No. CARD HOLDER SIGNATURE EXPR DATE

Write in the amount of your check or money order.

You may find your answers there.

smrtsc 031608\_dat\_00089347\_P1  
#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

RONALD REAGAN UCLA MEDICAL CENTER  
SANTA MONICA-UCLA MEDICAL CENTER AND ORTHOPAEDIC HOSPITAL  
PATIENT BUSINESS SERVICES  
FILE 748260  
LOS ANGELES, CA 90074-8260



Send payments here.

01233345678911080107000273952X

## 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](http://uclahealth.org/yourbill)**