KAISER PERMANENTE®

PHYSICIAN BILL ACTIVITY

Guarantor Account #: 111111222222

JOHN DOE
1234 MAIN ST
ANYWHERE, CA 99999

Bill Date: 09/14/2011
Amount You Owe: $175.00
Due Date: 10/13/2011

Physician Bill Summary

Charges.....	$425.00
Paid by Insurance / Adjustments.....	-$220.00
Paid by You.....	-$30.00
Amount You Owe.....	**$175.00**

Please Pay This Amount.....	**$175.00**
Due Date.....	**10/13/2011**

000009 1/2

11 12

Billing Questions?
Contact: Member Services Call Center
Hours of Operation: Monday – Friday 7:00 a.m. to 5:00 p.m. PT
Phones: (800) 390-3507

Please see back of statement for important notices.
Ver el reverso del comunicado.
請見說明書反面

Thank you for choosing Kaiser Permanente. We're here to help you THRIVE!

Please review your bill and pay the amount owed in full.

Please make check or money order payable to Kaiser Foundation Health Plan. Detach coupon and return with your payment in the envelope provided.

KAISER PERMANENTE®
(Please do not send payment to this address)
PO BOX 830913
BIRMINGHAM, AL 35283-0913

ADDRESSEE:

------ manifest line ---------

JOHN DOE
1234 MAIN ST
ANYWHERE, CA 99999

P N

WRITE THIS GUARANTOR NUMBER ON YOUR CHECK 111111222222	AMOUNT DUE $175.00
GUARANTOR NAME JOHN DOE	DUE BY 10/13/2011
CREDIT CARD USED FOR PAYMENT ☐ MASTERCARD ☐ DISCOVER ☐ VISA ☐ AMERICAN EXPRESS	
CARD NUMBER	EXP. DATE ___/___
CARDHOLDER NAME	
SIGNATURE	AMOUNT PAID $

Submit Payment To:

KAISER FOUNDATION HEALTH PLAN, INC.
FILE 50016
LOS ANGELES, CA. 90074-0016

KPSTMT1.63253.ND203.091511074728.TST01

2030006139005268980000175000000006

Important Notices About Your Bill

KAISER PERMANENTE

What if I have questions about my bill?
For questions about your bill, contact our Member Services Call Center at 1-800-390-3507, Monday - Friday 7:00 a.m. to 5:00 p.m. PT, or write us at:

Kaiser Permanente
Deductible Products Service Team
P.O. Box 1089
Rancho Cucamonga, CA 91729-1089

Para recibir su factura en español, contacte a los Servicios Financieros para Pacientes en el teléfono mencionado anteriormente.

如果想收到中文帳單，請按上述號碼聯絡患者財務服務部。

Members who require TTY for the deaf, hard of hearing or speech impaired can call us at 1-800-777-1370.

Frequently Asked Questions:

Why am I receiving multiple bills?
Depending upon where you received your services, you may receive a physician bill, a hospital bill or both. For example, if your doctor admits you to the hospital, you can expect to receive a hospital bill for the hospital services (inpatient hospital stay, lab fees, etc.) and a separate physician bill for services provided by your doctor.

Why am I not seeing a service I received or payment I made?
Any services received or billed after the statement date will not appear on this bill. Services and related payments will take up to 125 days to appear, but occasionally some services and payments will take longer. If so, these services and payments will appear on a future bill.

What if my healthcare coverage has changed? What if I have other healthcare coverage?
If you have changes, please contact our Member Services Call Center at 1-800-390-3507, Monday – Friday from 7:00 a.m. to 5:00 p.m. PT, or for TTY for the deaf, hard of hearing or speech impaired call 1-800-777-1370

What if I have a question about my KP Health Plan benefits?
You may view your membership status and benefits on-line at www.kp.org, or you may call Membership Services Call Center at 1-800-464-4000.

What if I need help paying?
If you meet certain income requirements or have a special circumstance, you may qualify for Kaiser Permanente's discounted payment or charity care. For more information and to apply, please see www.kp.org/mfa or call the Medical Financial Assistance Program (MFAP) at 1-866-399-7696, Monday – Friday, 8:00 a.m. to 5:00 p.m. PT.

What if I have a healthcare spending account?
If you have a health savings account (HSA), health reimbursement arrangement (HRA), or a flexible spending account (FSA), please keep this bill for reimbursement and tax purposes.

What should I do if I think I'm due a refund?
Once we have determined all services have been processed and charges billed, a refund will be issued to you, if our records indicate you have overpaid. If you feel you are due a refund, please contact Member Services Call Center at 1-800-390-3507.

Will I be charged a service fee for a returned check?
Yes, you will be charged a $25 service fee.

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Be Well and Thrive

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1234 MAIN ST
ANYWHERE, CA 99999

Guarantor Account #: 111111222222
Bill Date: 09/14/2011
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Due Date: 10/13/2011

BILLING DETAIL

Itemized charge and associated payment activity

Service Date	Post Date	Location	Provider	Description	Charges	Paid by Insurance /Adjustments	Paid by You	Amount You Owe
DOE, JOHN								
09/13/11		SANTA ROSA MEDICAL CE*	SMITH, J	OFFICE VISIT:EST, LEVEL 5	$390.00	-$200.00		$160.00
	09/13/11			PATIENT PAYMENT (AT CHECK-IN) [CASH]			-$30.00	
09/13/11		SANTA ROSA MEDICAL CE*	SMITH, J	CHLORIDE; URINE	$35.00	-$20.00		$15.00
				TOTAL FOR DOE, JOHN	**$425.00**	**-$220.00**	**-$30.00**	**$175.00**
				TOTAL	**$425.00**	**-$220.00**	**-$30.00**	**$175.00**

Guide to understanding your physician bill

Depending upon the portion of cost collected at check-in and any additional services you received, you may receive a bill for additional cost share.
This sample physician bill explains some key terms and illustrates how services you received for medical care and your payments may be reflected on a bill.

	1 Service Date	2 Post Date	Location	Provider	Description	3 Charges	4 Paid by Insurance / Adjustments	5 Paid by You	Amount You Owe
	DOE, JANE X								
A	03/31/11		PASADENA CLINIC	BROWN, J	OFFICE VISIT: MEDICAL EXAM (LEVEL 2, ESTABLISHED PATIENT)	$200.00	-$130.00		$50.00
A		03/31/11			PATIENT PAYMENT (AT CHECK-IN)			-$20.00	
B	03/31/11		PASADENA CLINIC	GREEN, M	LAB: ELECTROLYTE BLOOD MEASUREMENT	$65.00	-$35.00		$30.00
B	03/31/11		PASADENA CLINIC	GREEN, M	LAB: CREATININE BLOOD MEASUREMENT	$120.00	-$70.00		$40.00
B		04/03/11			PATIENT PAYMENT (CHECK #111)			-$10.00	
B	03/31/11		PASADENA CLINIC	GREEN, M	LAB: THYROID MEASUREMENT	$60.00	-$30.00		$30.00
					TOTAL FOR DOE, JANE X	$445.00	-$265.00	-$30.00	$150.00
					TOTAL	$445.00	-$265.00	-$30.00	$150.00 C

A Office Visit:

In this example, Jane Doe visited Dr. Brown on March 31, 2011. Jane was charged $200 for the doctor's office visit, which included a medical exam.

Jane made a $20 payment when she checked in for her appointment and it was posted to her account on the same day.

Since Jane is a Kaiser Permanente member, her insurance paid $130.

Jane still owes $50 ($200 - $130 - $20) for her visit.

B Additional Charges:

That same day, Jane received three different lab tests with total charges of $245 ($65 + $120 + $60).

Her insurance paid $135 ($35 + $70 + $30). Additionally, a few days later, Kaiser Permanente posted the $10 payment Jane made at the lab.

Jane is expected to pay a total of $100 ($30 + $40 + $30) for these tests.

C Amount You Owe:

Adding up the remaining costs of the office visit and lab tests, Jane's current physician's bill is $150, due within 30 days of the bill date.

Key Terms and Definitions

1 Service Date: The date(s) you (or a family member) received medical services.

2 Post Date: The date Kaiser Permanente processed payments and adjustments related to the date on which services were provided.

3 Charges: The total cost for services received. These charges reflect the cost of Kaiser Permanente services before any consideration of insurance coverage.

4 Paid by Insurance / Adjustments: The amount your insurance pays/covers for the services provided to you, based on your plan benefits. Adjustments (credits or debits) applied by Kaiser Permanente are also reflected here.

5 Paid by You: The amount you've paid-to-date for the services received.

Past Due (page 1): This reflects balance(s) over 30 days old and not paid since your last statement.

Paid by You – Awaiting Charges (previous page, if applicable): This is the amount you have pre-paid for certain services that have not yet been charged or processed by Kaiser Permanente.

Billing Detail (page 3): Includes all medical services and payments processed since your last bill, as well as previous medical services not yet paid in full.

Learn more about how your plan works at **kp.org/deductibleplans**.