

UNDERSTANDING YOUR STATEMENT

This is the name and address of the individual who is responsible for payment of the account according to our records. Usually this is the head of the household.

Each individual in the family group is separately listed along with their unique patient number.

Under each individual in the family group, each itemized charge for that individual is listed in highlighted form along with a description of the charge, the date rendered and the charge for that service. For multiple charges there will be multiple highlighted charge lines shown.

This is the date the listed insurance company was billed for the indicated individual and the particular itemized charge. If multiple insurance companies are involved, the one responsible for each charge will be listed. Secondary insurance is also shown.

Family Medical Care
2420 Rogers Avenue
Fort Smith, AR 72901
(501) 782-4000

Patient #	Date	Page
2798000	2/24/2001	1

Last Statement: 2/21/2001
Last Payment: 2/20/2001

Responsible Party

John Doe
4000 Any Street
Your Town, AR 72901

Date	Bill Date	Type	Description	Source	Amount	Insurance Balance	Patient Balance
Charges for Patient #: 2798000 John Doe							
2/5/2001	2/5/2001	CHARGE	Office/outpatient visit		\$72.00		
2/5/2001		PAT PAY	PATIENT PAY -	PATIENT	-\$20.00		
		CK# 6326					
2/20/2001		INS PAY	INSURANCE	HEALTH ADV	-\$42.30		
		CK# 401149					
2/20/2001		INS ADJ	APPLIED TO DEDUCT	HEALTH ADV	\$0.00		
		CK# 401149					
2/20/2001		INS ADJ	INSURANCE ADJUST	HEALTH ADV	-\$4.70		
		CK# 401149					
2/5/2001		BILLED	To Primary Insurance	HEALTH ADV			
Summary for Charge #: 105247 (Provider: A. SAMUEL KOENIG,MD)						\$0.00	\$5.00
Total Balances for Account:						\$0.00	\$5.00

OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	CURRENT	AMOUNT DUE
\$0.00	\$0.00	\$0.00	\$0.00	\$5.00	\$5.00

The date, check number and payment amount for any payments you have made for an individual charge are itemized.

Note that balances that your insurance company and you owe are separately itemized and shown in the appropriate column.

Insurance payments, adjustments, and applications to deductible amounts are individually itemized for each charge along with the date and check number of the Explanation of Benefits (EOB) sent to us by your insurance company.

This is the balance you owe on each individual charge for each person itemized on the statement.

This is the sum of all balances shown on the statement and is the total balance you owe.

This is the aging total for the statement based on the date the service was rendered. By listing aging based on the date of service, it allows you to see how old charges are that you have not yet paid for, including that time taken by your insurance company to pay their part of your bill.