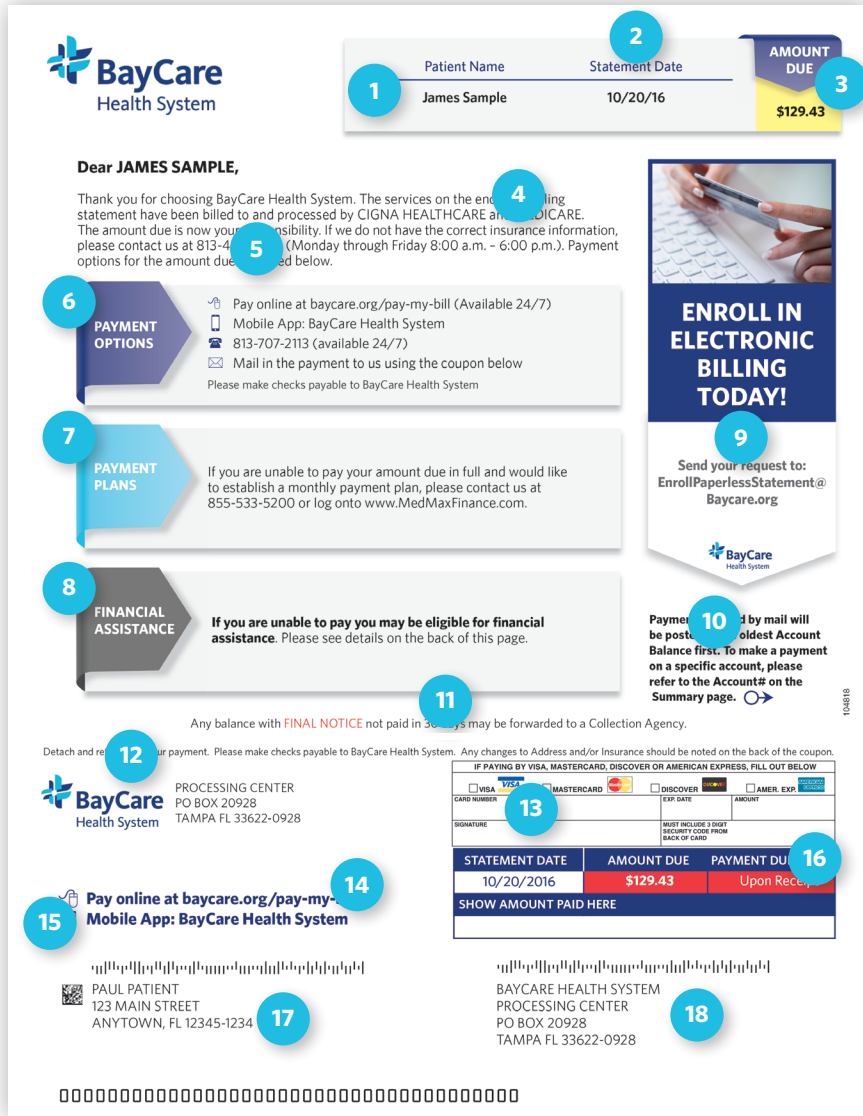


Introducing your new statement

At BayCare Health System we continually strive to improve services to our patients. We have recently transitioned to a new consolidated billing statement. We hope you like our new look!



- 1 Patient Name** - Name of person who is responsible for the bill.
- 2 Statement Date** - The date the statement was generated.
- 3 Amount Due** - The amount owed that reflects total charges minus any payment you and/or your insurance company made and was posted to your account as of the statement date. Any payments made after your statement date will not be reflected in the Amount Due.
- 4 Insurance** - Your Insurance company/s that were billed.
- 5 Contact Us** - Contact Phone Number and Hours of Operation.
- 6 Payment Options** - These are the payment options that are available to you.
- 7 Payment Plans** - Call this number or log onto this website to see if you qualify for a payment plan.
- 8 Financial Assistance** - To see if you are eligible for financial assistance please see back of page for additional information.
- 9 Paperless Billing** - Email address to enroll in paperless billing.
- 10 Payments** - How payments are applied unless otherwise specified.
- 11 Status of Account** - Current billing stage.
- 12 Additional Information** - Detach and return bottom coupon with mailed payments and make checks payable to BayCare Health System. Any changes to Address and/or Insurance should be noted on the back of the coupon.
- 13 Credit Card Payment** - If you are paying by credit card, use this area to fill in the type of credit card, card number, signature code (also known as a security code), amount you are paying, signature and expiration date. We accept Visa, Mastercard, Discover and American Express.
- 14 Pay Online** - Pay Online website where you can pay your bill electronically 24/7.
- 15 Mobile Application** - Access website from your phone or other mobile devices.
- 16 Payment Due Date** - The date payment is due. If you are unable to pay in full by this date, call customer service at 855-533-5200 for payment options.
- 17 Mailing Name and Address** - Patient name and mailing address.
- 18 Remittance** - Address to remit payments.

Introducing your new statement

BayCare Health System

Patient Name	Statement Date	AMOUNT DUE
James Sample	10/20/16	\$129.43

Summary of Your Statement Balance

Your Previous Statement Balance and Date	\$30.00 on 8/15/2016
Your Previous Amount and Date	\$0.00
Remaining Balance from Previous Statement	\$30.00

Summary of Amount Due this Month

Starting Balance from Previous Statement	\$30.00
Hospital Balance (s) Added Since Last Statement	\$69.43
New Imaging Balance (s) Added Since Last Statement	\$30.00
Your Total Amount Due	\$129.43

STATEMENT OF SERVICES (AS OF October 20, 2016)

THE FOLLOWING DESCRIBES CHARGE AND PAYMENT ACTIVITY FOR SERVICES RENDERED BY BAYCARE HEALTH SYSTEM, IMAGING SERVICES OR HOSPITALS. THE LEFT SIDE DESCRIBES THE SERVICES PROVIDED, THE CHARGES FOR EACH SERVICE AND ADJUSTMENTS. THE RIGHT SIDE DESCRIBES PAYMENTS AND THE AMOUNT YOU OWE.

CHARGE ACTIVITY	PAYMENT ACTIVITY
Hospital ACCOUNT NUMBER: 08-00000000 SERVICE DATE: 6/15/2016 SERVICE PROVIDER: St. Joseph's Hospital 6/15/2016 RADIOLOGY - DIAGNOSTIC - GENERAL CLASS \$489.25 TOTAL BILLED TO INSURANCE \$489.25	7/15/2016 CIGNA PAYMENT \$-309.25 8/15/2016 MEDICARE PAYMENT \$0.00 Patient Balance Due for Account Number 08-00000000 \$30.00
Hospital ACCOUNT NUMBER: 09-00000000 SERVICE DATE: 9/20/2016 SERVICE PROVIDER: St. Joseph's Hospital 9/20/2016 RADIOLOGY - DIAGNOSTIC - GENERAL CLASS \$489.25 TOTAL BILLED TO INSURANCE \$489.25	10/1/2016 CIGNA PAYMENT \$-50.00 10/5/2016 MEDICARE PAYMENT \$0.00 Patient Balance Due for Account Number 09-00000000 \$69.43
Imaging ACCOUNT NUMBER: 06-00000000 SERVICE DATE: 9/22/2016 SERVICE PROVIDER: EMERGENCY MEDICINE, LLC PROVIDER: Generic, Guy, MD 9/22/2016 OFFICE OUTPATIENT VISIT 25 MINUTES \$194.00 TOTAL BILLED TO INSURANCE \$194.00	10/1/2016 CIGNA PAYMENT \$-107.32 10/5/2016 MEDICARE PAYMENT \$0.00 Patient Balance Due for Account Number 06-00000000 \$30.00
PAY ONLINE! www.baycare.org/pay-my-bill Mobile App: BayCare Health System	
TOTAL HOSPITAL AMOUNT DUE \$99.43 TOTAL IMAGING AMOUNT DUE \$30.00 BALANCE DUE UPON RECEIPT \$129.43	

CONTACT US FOR QUESTIONS ABOUT YOUR BILL
(Llamanos para preguntas de su cuenta(s))

Contact us through www.baycare.org select Send a Billing Assistance Message

Call us: 813-707-2113
Monday thru Friday 8:00 a.m. - 6:00 p.m. For your convenience, 24 hour automated service available.

- 19 **Summary of Your Statement Balance** - Summary of your previous statement and any open balances.
- 20 **Summary of Amount Due this Month** - Remaining balance plus new charges summaries are listed here.
- 21 **Statement of Services** - Statement of services performed and effective date for those services.
- 22 **Hospital or Imaging** - Denotes where services were performed.
- 23 **Charge Activity** - This side describes the services provided and the charges for each service and adjustments.
- 24 **Payment Activity** - This side describes payments and the amount you owe by each separate account.
- 25 **Account Status** - Status of specific account.
- 26 **Pay Online** - Pay Online website where you can pay your bill electronically 24/7.
- 27 **Mobile Application** - Access website from your phone or other mobile devices.
- 28 **Total Hospital Amount Due** - Total due for hospital visits.
- 29 **Total Imaging Amount Due** - Total due for imaging visits.
- 30 **Balance Due Upon Receipt** - The amount owed that reflects total charges minus any payment you and/or your insurance company made and was posted to your account as of the statement date. Any payments made after your statement date will not be reflected in the Amount Due.
- 31 **Contact Us For Questions About Your Bill** - Contact us at www.baycare.org or 813-707-2113 Monday thru Friday 8:00 a.m. - 6:00 p.m.

Questions?

Please contact customer service toll free at (813) 707-2113.

Hours:

Monday - Friday 8:00 a.m. - 6:00 p.m.