KAISER PERMANENTE®

PROFESSIONAL BILL ACTIVITY

TIFFANY K ANDERSON
2 N AVENA AVE
LODI, CA 95240

Guarantor Account #: 32070238
Bill Date: 04/28/2014
Amount You Owe: $2,346.00
Due Date: UPON RECEIPT

Professional Bill Summary

Charges	$2,356.00
Paid by Insurance / Adjustments	$0.00
Paid by You	-$10.00
Amount You Owe	**$2,346.00**

001913 1/2

Please Pay This Amount		**$2,346.00**
⇨ Past Due	$2,346.00	
Due Date		**UPON RECEIPT**

6

Billing Questions?
Contact: Patient Financial Services Call Center
Hours of Operation: Monday - Friday 8:00 a.m. to 5:00 p.m. PT
Phones: (800) 201 - 2123
Pay Online: **kp.org/paymedicalbills**

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.

Go green-pay this medical bill online at kp.org/paymedicalbills.

This is your FINAL NOTICE. According to our records, $2,346.00 is seriously PAST DUE. Please pay the "Amount You Owe" in full or contact us immediately to make payment arrangements to prevent your PAST DUE balance from being assigned to a collection agency.

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

P N

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

ADDRESSEE:
AB 01 001913 08892 B 7 A

TIFFANY K ANDERSON
2 N AVENA AVE
LODI, CA 95240-2808

WRITE THIS GUARANTOR NUMBER ON YOUR CHECK 32070238	AMOUNT DUE $2,346.00
GUARANTOR NAME TIFFANY K ANDERSON	DUE BY UPON RECEIPT
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

KPSTMT1.63256.NN206.04291417O435.DAT01

206000000032070238000234600000005

Important Notices About Your Bill

KAISER PERMANENTE®

Be Well and Thrive

What if I have questions about my bill?
For questions about your bill, contact Patient Financial Services (PFS) Call Center at 1-800-201-2123, Monday - Friday from 8:00 a.m. to 5:00 p.m. PT, or write to us at:

Kaiser Permanente – PFS Call Center
Parsons East Annex, 8th Floor
393 East Walnut Street
Pasadena, CA 91188

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:

I paid when I checked in for my appointment. Why did I get a bill later for additional costs?
If you receive any unscheduled services during your visit, what you paid at check-in usually won't cover your total costs. This is because the amount you pay when checking in is based on the services you're scheduled to receive. During your visit, your doctor may arrange for additional services (like a blood test or an X-ray), so the actual cost of your visit may be higher.

I went in for a preventive care visit that was supposed to be provided at little or no charge. Why did I get a bill later?
During a preventive care visit, you may receive both preventive and non-preventive care services. If so, you'll probably need to pay a copay or coinsurance for the non-preventive treatment or services. For example, during a routine physical exam your doctor might decide that a mole needs to be removed for testing. Because mole removal and testing are considered non-preventive, you'd probably have to pay a copay or coinsurance for these services.

Visit kp.org/ca/hmo for more information and resources to help you understand and manage your plan.

What if I have a flexible spending account?
If you have a flexible spending account (FSA), please keep this bill for reimbursement and tax purposes.

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

Why am I receiving multiple bills?
Depending upon where you received your services, you may receive a professional 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 may 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 a.m. to 5 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 Kaiser Permanente Health Plan benefits?
You may view your membership status and benefits on-line at www.kp.org, or you may call Member 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 a.m. to 5 p.m. PT.

For information on how an uninsured discount is determined, please go to kp.org/mfa/ncal

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

Rosenthal Fair Debt Collection Practices Act -
In the event your account has been assigned to a collection agency, State and federal law requires debt collectors to treat you fairly and prohibits debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (382-4357) or on-line at www.ftc.gov. Nonprofit credit counseling services may be available in your area.

NEW MAILING ADDRESS

Street Address: _____ Apt. #_____

City: _____ State:_____ Zip Code: _____

Phone Number: _____

INSURANCE INFORMATION

Insurance Carrier:_____

Member ID:_____ Group #:_____

Claims Address:_____

State:_____ Zip Code: _____

Claims Phone #:_____

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2 N AVENA AVE
LODI, CA 95240

Guarantor Account #: 32070238
Bill Date: 04/28/2014
Amount You Owe: $2,346.00
Due Date: UPON RECEIPT

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
ANDERSON, TIFFANY K								
10/28/13		MARINA WAY SOUTH		LAB:BLOOD LEVEL SCREEN	$760.00	$0.00		$750.00
	10/28/13			PATIENT PAYMENT (AT CHECK-IN) [CREDIT CARD]			-$10.00	
10/28/13		MARINA WAY SOUTH		LAB:CREATININE;OTHER SOURCE	$36.00	$0.00		$36.00
10/28/13		MARINA WAY SOUTH		BLOOD LEVEL SCREEN	$92.00	$0.00		$92.00
10/28/13		MARINA WAY SOUTH	LOREY, T	BLOOD LEVEL SCREEN	$92.00	$0.00		$92.00
12/02/13		MARINA WAY SOUTH		LAB:BLOOD LEVEL SCREEN	$760.00	$0.00		$760.00
12/02/13		MARINA WAY SOUTH		LAB:CREATININE;OTHER SOURCE	$36.00	$0.00		$36.00
12/02/13		MARINA WAY SOUTH		COCAINE/METABOLITE	$105.00	$0.00		$105.00
12/02/13		MARINA WAY SOUTH		AMPHETAMINE/METHAMPHETAMINE	$107.00	$0.00		$107.00
12/02/13		MARINA WAY SOUTH	LOREY, T	BLOOD LEVEL SCREEN	$368.00	$0.00		$368.00
		PROFESSIONAL BILL TOTAL FOR ANDERSON, TIFFANY K			**$2,356.00**	**$0.00**	**-$10.00**	**$2,346.00**
				TOTAL	**$2,356.00**	**$0.00**	**-$10.00**	**$2,346.00**

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
		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
	03/31/11	04/03/11	PASADENA CLINIC	GREEN, M	LAB: CREATININE BLOOD MEASUREMENT	$120.00	-$70.00		$40.00
					PATIENT PAYMENT (CHECK #111)			-$10.00	
	03/31/11		PASADENA CLINIC	GREEN, M	LAB: THYROID MEASUREMENT	$60.00	-$30.00		$30.00
					TOTAL FOR DOE, JANE X	$445.00	-$275.00	-$30.00	$150.00
					TOTAL	$445.00	-$275.00	-$20.00	$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.