



TIFFANY K ANDERSON  
2 NORTH AVENUE AVENUE  
LODI, CA 95242

## PHYSICIAN BILL ACTIVITY

Guarantor Account #: 32070238  
Bill Date: 06/23/2012  
Amount You Owe: \$15.00  
Due Date: UPON RECEIPT

**Physician Bill Summary**

Charges.....	\$15.00
Paid by Insurance / Adjustments.....	\$0.00
Paid by You.....	\$0.00
<b>Amount You Owe.....</b>	<b>\$15.00</b>

**Please Pay This Amount..... \$15.00**

⇨ Past Due..... \$15.00

**Due Date..... UPON RECEIPT**

**Billing Questions?****Contact:****Hours of Operation:****Phones:**

Patient Financial Services Call Center  
Monday - Friday 8:00 a.m. to 5:30 p.m. PT  
(800) 201-2123

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 are here to help you THRIVE!**

According to our records, \$15.00 recently became PAST DUE. Please review your bill and pay the "Amount You Owe" in full. If you have made a full payment recently, please disregard this bill.

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:**

MB 01 003465 12692 B 14 A



TIFFANY K ANDERSON  
2 NORTH AVENUE AVENUE  
LODI, CA 95240-2808

P N

WRITE THIS GUARANTOR NUMBER ON YOUR CHECK <b>32070238</b>		AMOUNT DUE <b>\$15.00</b>
GUARANTOR NAME <b>TIFFANY K ANDERSON</b>		DUE BY <b>UPON RECEIPT</b>
CREDIT CARD PAYMENT		
<input checked="" type="checkbox"/> MASTERCARD	<input checked="" type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> VISA	<input type="checkbox"/> 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

2060000000320702380000001500000009





# Important Notices About Your Bill



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 5:30 p.m. PT, or write to us at:

**Kaiser Permanente - PFS Call Center**  
**Parsons East Annex, 8<sup>th</sup> 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:

### 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 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 Patient Financial Services Call Center at 1-800-201-2123, Monday - Friday from 8:00 a.m. to 5:30 p.m. PT, or for TTY 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](http://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](http://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 PFS Call Center at 1-800-201-2123.

## Will I be charged a service fee for a returned check?

Yes, you will be charged a minimum \$25 service fee.

## 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 or 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 (362-4357) or on-line at [www.ftc.gov](http://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 #: \_\_\_\_\_





TIFFANY K ANDERSON  
2 NORTH AVENUE AVENUE  
LODI, CA 95242

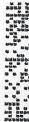
PHYSICIAN BILL ACTIVITY

Guarantor Account #: **32070238**  
Bill Date: 06/23/2012  
Amount You Owe: \$15.00  
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
04/13/12		STOCKTON MEDICAL C*	JASTI, H	ANDERSON, TIFFANY K CO-PAYMENT CHARGE	\$15.00	\$0.00		\$15.00
				TOTAL FOR ANDERSON, TIFFANY K	\$15.00	\$0.00	\$0.00	\$15.00
				TOTAL	\$15.00	\$0.00	\$0.00	\$15.00





# 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	2	3	4	5
Service Date	Post Date	Location	Provider	
Description				
Charges				
Paid by Insurance / Adjustments				
Paid by You				
Amount You Owe				
03/31/11		PASADENA CLINIC	BROWN, J	DOE, JANE X
	03/31/11			OFFICE VISIT: MEDICAL EXAM (LEVEL 2, ESTABLISHED PATIENT)
				PATIENT PAYMENT (AT CHECK-IN)
03/31/11		PASADENA CLINIC	GREEN, M	LAB: ELECTROLYTE BLOOD MEASUREMENT
03/31/11	04/03/11	PASADENA CLINIC	GREEN, M	LAB: CREATININE BLOOD MEASUREMENT
				PATIENT PAYMENT (CHECK #111)
03/31/11		PASADENA CLINIC	GREEN, M	LAB: THYROID MEASUREMENT
TOTAL FOR DOE, JANE X				
TOTAL				

## 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 - Payment Credits (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.