



Account Number: 0000
Responsible Party: John Doe
Statement Date: March 28, 2024

Important Information

We do not have your insurance file on record.

We did not receive your insurance information and your payment of \$0.00 for these services is your responsibility, due by April 25, 2024.

If you have insurance, please update your UH MyChart Account or call us at 800-859-5906.

Account Summary

Table with 2 columns: Description, Amount. Rows include Total Charges (\$0.00), Insurance Payments (\$0.00), Insurance Adjustments (\$0.00), Patient Payments (\$0.00), Patient Adjustments (\$0.00), Total Remaining Balance (\$0.00), and Minimum Payment Due (\$0.00).

Minimum payment due by September 30, 2024.

Pay Your Bill

There are three easy ways to pay your bill.

Pay Online section with globe icon, 'Pay Online' text, 'Make an Account:' link, 'Account Activation Code:' field, and 'Or, pay as a guest...' text.

24/7 Pay By Phone section with phone icon, '24/7 Pay By Phone' text, 'Call to Securely Pay 24/7:' number, and 'To Speak with a Representative:' hours.

Pay By Mail section with envelope icon, 'Pay By Mail' text, 'Complete the form below...' instruction, and 'Make checks payable to:' address.

John Doe (Acct # 0000) Statement Date: 03/28/24

Detach bottom portion and return with your payment.

Table with 3 columns: Payment Due (\$0.00), Due Date (September 30, 2024), and Amount Enclosed (empty field).

Credit Card Number field with 16 empty boxes for digits.

Expiration Date field with a horizontal line for input.

Update Address or Insurance Information checkbox and text: Information has been updated on the back of this form.



UH Customer Service Center
20800 Harvard Road
Highland Hills, OH 44122

University Hospitals Medical Practices, Inc.
UH Customer Service Center
PO Box 772038
Detroit, MI 48277-2038

John Doe
123 Main Ave.
Cleveland, OH 44140



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UH Financial Assistance Programs

Whether you are "insured" or "uninsured", the Hospital Care Assurance Program (HCAP) may apply to you if you are at or below 100% of the Federal Poverty Guidelines.

Hospital Care Assurance Program – Notice Regarding Free Care

UH participates in Ohio’s Hospital Care Assurance Program (HCAP). This program provides basic, medically necessary hospital services for individuals who meet all of the program requirements.

You may be eligible for the UH Financial Assistance Program if your family income is above 100% and up to 4 times the Federal Poverty Guidelines.

University Hospitals Financial Assistance Program

University Hospitals is committed to treating all patients with dignity and respect regardless of their financial status or ability to pay. In support of this commitment, UH has established a Financial Assistance Program. Through this program, UH provides discounts on hospital bills on a sliding scale to Ohio residents who meet certain criteria. If the patient’s family income ranges between 0 – 400% of the Federal Poverty Guidelines, you may be eligible for a discount.

Learn more about the Hospital Care Assurance Program (HCAP) or UH Financial Assistance Program

If you believe you meet the requirements of one of these programs and need more information, please call 1-866-771-7266 or visit our website as UHhospitals.org/HCAP to view HCAP guidelines and obtain an application. You can also initiate the application process by logging into your UH MyChart account.

Detach bottom portion and return with your payment.

Update Address or Insurance Information

To make updates, complete and return this section of your statement in the enclosed envelope, or log into your UH MyChart account to submit updates electronically. Thank you!

What I'd like to Update:

I have a change of address I have updates to insurance

Name
Address
City State ZIP

Insurance Company
Insurance Address City State ZIP
Policy Holder Name Date of Birth
Employer Name
Policy Number Group Number
Worker's Comp Number Date of Injury Claim Number

Financial Guarantee And Assignment Of Benefits

I assign University Hospitals all benefits due me from any insurance organization on my behalf

Signature Date

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## Your Bill Details

### Hospital Services

(1/1) | Visit #100000003883

Department or Service	UH Elyria Medical Center CT Imaging	
Responsible Party	Selfpay Dlgtest	
Insurance Billed	Self-Pay	
Date	Description of Events	Charges / Payments / Adjustments
03/23/2024	CT Scan-General	\$1,500.00
03/23/2024	Patient Payment	-\$265.79
03/23/2024	Insurance Adjustments	-156.29

**Patient Responsibility \$0.00**

### Professional Services

(1/2) | Visit #100000003883

Department or Service	UH Physician CT Imaging	
Responsible Party	Selfpay Dlgtest	
Insurance Billed	Self-Pay	
Date	Description of Events	Charges / Payments / Adjustments
03/23/2024	CT Scan-General	\$1,500.00
03/23/2024	Patient Payment	-\$265.79
03/23/2024	Insurance Adjustments	-156.29

**Patient Responsibility \$0.00**

(2/2) | Visit #100000003883

Department or Service	UH Physician CT Imaging	
Responsible Party	Selfpay Dlgtest	
Insurance Billed	Self-Pay	
Date	Description of Events	Charges / Payments / Adjustments
03/23/2024	CT Scan-General	\$1,500.00
03/23/2024	Patient Payment	-\$265.79
03/23/2024	Insurance Adjustments	-156.29

**Patient Responsibility \$0.00**