

500 S MAPLE STREET
WACONIA MN 55387



e-Payments Now Available!
Fast, easy, and better for the environment. Pay online today! Visit www.ridgeviewmedical.org.

VISIT ID 123456789-0001	DISCHARGE DATE 12/29/2015	STATEMENT DATE 02/08/2016	PAYMENT DUE DATE 03/02/2016
CURRENT BALANCE \$200.00	PAY THIS AMOUNT \$200.00	AMOUNT PAID HERE \$	

For billing inquires please call: (952) 442-8054
Toll Free: 1-800-967-4620

ADDRESSEE:

JOHN T DOE
1234 56TH STREET
ANYTOWN MN 98765-4321

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MAKE CHECK PAYABLE TO AND MAIL PAYMENT TO:

RIDGEVIEW MEDICAL CENTER
PATIENT FINANCIAL SERVICES
500 S MAPLE ST
WACONIA MN 55387-1752

Please check box if address is incorrect or insurance information has changed, and indicate the change(s) on the reverse side. TO INSURE PROPER CREDIT, DETACH AND RETURN TOP PORTION IN THE ENCLOSED ENVELOPE. PLEASE INCLUDE YOUR VISIT ID IN THE MEMO LINE OF YOUR CHECK.

Document code: O-AAAAA-11111-BBBBBB

Patient Name	Visit ID	Discharge / Service Date	Billing Date	Due Date	Current Balance	Please Pay This Amount
DOE, JOHN T	123456789-0001	12/29/2015	02/08/2016	03/02/2016	\$200.00	\$200.00

Service Date	Description	Payments/ Adjustments	Amount
12/26/15	ROOM BOARD SEMI		3,909.00
12/26/15	PHARMACY		295.75
12/26/15	IV SOLUTIONS		78.15
12/26/15	STERILE SUPPLIES		139.45
12/26/15	OTHER IMPLANTS		2,725.00
12/26/15	CLINICAL LABORATORY		915.00
12/26/15	DX XRAY		2,095.00
12/26/15	DX X-RAY/CHEST		252.00
12/26/15	SURGERY		7,270.00
12/26/15	ANESTHESIA		1,676.00
12/27/15	PHYSICAL THERAPY		622.00
12/27/15	PT EVALUATION		308.00
12/27/15	OCCUPATION THERAPY		561.00
12/27/15	OT EVALUATION		307.00
12/26/15	EMERGENCY ROOM		1,022.00
12/26/15	DRUGS W/DETAILED CODING		423.90
12/26/15	DRUGS SELF ADMINISTERABLE		145.45
12/26/15	RECOVERY ROOM		677.00
12/26/15	EKG ECC		227.00
01/29/16	UCARE FOR SENIORS ADJ	11,598.31	
01/29/16	UCARE FOR SR PAYMENT	11,850.39	
01/29/16	Co-Ins = 200.00		

MESSAGE: Thank you for using Ridgeview Medical Center. Your insurance company has processed this claim. The balance on this account is now your responsibility. If you are unable to pay this balance in full, contact Patient Financial Services at 952-442-8054 or 800-967-4620 ext. 8054.

Please Pay This Amount
\$200.00

Patient Updates		
YOUR NAME		
ADDRESS		
CITY	STATE	ZIP
PREFERRED TELEPHONE #		
EMAIL ADDRESS		

Primary Insurance Updates		
PRIMARY INSURANCE NAME	EFFECTIVE DATE	
PRIMARY INSURANCE STREET ADDRESS		
CITY	STATE	ZIP
TELEPHONE		
SUBSCRIBER NAME	EMPLOYER NAME	
POLICY NUMBER	GROUP NUMBER	

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW	
 Pay Online: www.ridgeviewmedical.org	CHECK CARD USING FOR PAYMENT <input type="checkbox"/> M/C <input type="checkbox"/> DISCOVER <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	SIGNATURE CODE*
SIGNATURE	EXP. DATE

*M/C, DISCOVER & VISA – Last 3 digits on back of card AMERICAN EXPRESS – Last 4 digits on front of card

Secondary Insurance Updates		
SECONDARY INSURANCE NAME	EFFECTIVE DATE	
SECONDARY INSURANCE STREET ADDRESS		
CITY	STATE	ZIP
TELEPHONE		
SUBSCRIBER NAME	EMPLOYER NAME	
POLICY NUMBER	GROUP NUMBER	

Ridgeview Medical Center

Important Statement Information

Please be aware that when you receive medical care from Ridgeview we may need to send you two separate statements. While we are one fully integrated healthcare organization, we still have two separate billing systems for many of our hospital and clinic services. In addition, some insurance companies require us to submit claims for facility and physician services to different locations. We apologize for this inconvenience. Should you have any questions regarding the bills you receive, please feel free to contact the Ridgeview Patient Financial Services Department 952-442-8054. You also have the option to address concerns with the Minnesota Attorney General's office at 651-296-3353 or 1-800-657-3787.

Important Payment Information

Thank you for choosing Ridgeview for your health care needs. Payment in full is requested within 21 days. For your convenience, we accept Visa, MasterCard, American Express and Discover cards. If paying by check please include your Visit Id in the memo of the check. To maintain your good standing, please contact a Patient Financial Services representative if full payment cannot be made to discuss payment options at 952-442-8054

Billing Contact Information

Patient Financial Services representatives are available 7:00 a.m. to 4:30 p.m. Monday through Friday. If you receive our voicemail service, please leave your name and number and we will do our best to promptly return your call and meet your needs.

Community Care Program

If you anticipate difficulties in paying your bill in full, we have payment options available for the uninsured and underinsured based on total annual household income. Qualified applicants may be eligible for discounted care. Please contact our Patient Financial Services Department for details.

Guarantor Policy

The guarantor of the account is the person who is financially responsible for payment. A guarantor may or may not be the policyholder of the insurance. In accordance with HIPAA privacy

regulations, patients age 18 and over will be their own guarantor and receive their own billing statement. In accordance with state law, both parents are legally responsible for the cost of medical care for children under 18 years old.

Divorce Cases

The parent who brings the child in for care will be considered the responsible party and will receive all billing statements and letters. Any court-ordered financial arrangement must be worked out between the parents of the children.

Insurance Filing

We file insurance claims on behalf of our patients as a courtesy service. If insurance information is provided, we will submit an insurance claim for your visit. If insurance was not provided at the time of service, or if the information has changed, please call our office immediately. Remember your insurance policy is a contract between you and your insurance carrier and that you are ultimately responsible for all charges and should resolve disputed coverage issues directly with your insurance company.

Medicare

We accept Medicare assignment and will submit your claims to Medicare and your supplemental insurance. You will be responsible for any part of the Medicare approved amount not paid by Medicare or other insurance, and for services not covered by Medicare.