



AMY LIMA
161 TOWN TER APT 2
LOS GATOS, CA 95032

PROFESSIONAL BILL ACTIVITY

Guarantor Account #: 322901176562
Bill Date: 06/30/2017
Amount You Owe: \$1,048.50
Due Date: 07/30/2017

BILLING DETAIL (CONTINUED)

Itemized charge and associated payment activity

Service Date	Post Date	Location	Provider	Description	Charges	Paid by Insurance / Adjustments / Discount	Paid by You	Amount You Owe
LIMA, AMY (CONTINUED)								
03/13/17		LO SCH SCL (SANTA CLARA)	LEE, K	93325 - DOPPLER COLOR FLOW MAPPING	\$126.00	-\$120.00		\$6.00
03/13/17		LO SCH SCL (SANTA CLARA)	LEE, K	93320 - DOPPLER ECHOCARDIOGRAPHY; COMPLETE	\$72.00	-\$35.00		\$37.00
				PROFESSIONAL BILL TOTAL FOR LIMA, AMY	\$2,017.00	-\$770.00	-\$198.50	\$1,048.50
				TOTAL	\$2,017.00	-\$770.00	-\$198.50	\$1,048.50



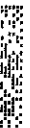
AMV LIMA
161 TOWNE TER APT 2
LOS GATOS, CA 95032

BILLING DETAIL

Itemized charge and associated payment activity

Guarantor Account #: 322901176562
Bill Date: 06/30/2017
Amount You Owe: \$1,048.50
Due Date: 07/30/2017

Service Date	Post Date	Location	Provider	Description	Charges	Paid by Insurance / Adjustments / Discount	Paid by You	Amount You Owe
02/27/17	06/13/17	LO SCH SCL (SANTA CLARA)	NGUYEN, T	LIMA, AMY 71010 - RADIOLOGY:CHEST XRAY, SINGLE VIEW 1028 - PATIENT PAYMENT [CREDIT CARD]	\$45.00	-\$18.00	-\$27.00	\$0.00
02/27/17	06/13/17	LE SCH SCL (SANTA CLARA)	GEBHARDT, K	99285 - EMERGENCY VISIT - EVALUATION AND MANAGEMENT, LEV* 1028 - PATIENT PAYMENT [CREDIT CARD] 1091 - ONLINE PAYMENT [ELECTRONIC CHECK]	\$636.00	-\$186.00	-\$51.50 -\$50.00	\$348.50
02/27/17		LO SCH SCL (SANTA CLARA)	LEE, J	93010 - EKG: UP TO 12 LEADS; W/ INTERPR & REPORT	\$41.00	-\$24.00		\$17.00
02/27/17		LO SCH SCL (SANTA CLARA)	MANWANI, P	99218 - INITL OBSV CARE, 3 KEY COMPONENTS; DETAIL/COMPREHENS*	\$253.00	-\$103.00		\$150.00
02/28/17		LO SCH SCL (SANTA CLARA)	WANG, W	99225 - SBSQ OBS CARE PR D MODERATE SEVERITY	\$160.00	-\$50.00		\$110.00
03/06/17	03/06/17	CAMPBELL MEDICAL OFFI*	BELENKY, I	99214 - OFFICE VISIT, EST, LEVEL 4 1003 - PATIENT PAYMENT (AT CHECK-IN) [CREDIT CARD]	\$241.00	-\$76.00	-\$70.00	\$95.00
03/13/17		LO SCH SCL (SANTA CLARA)	LEE, K	93315 - ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, CONGENITAL AN*	\$443.00	-\$158.00		\$285.00





AMY LIMA
161 TOWNE TER APT 2
LOS GATOS, CA 95032

PROFESSIONAL BILL ACTIVITY

Guarantor Account #: 322901176562
Bill Date: 06/30/2017
Amount You Owe: \$1,048.50
Due Date: 07/30/2017

Professional Bill Summary

Charges.....	\$2,017.00
Paid by Insurance / Adjustments / Discount.....	-\$770.00
Paid by You.....	-\$198.50
Amount You Owe.....	\$1,048.50

Minimum Amount Due.....	\$78.47
⇒ Payment Plan Installment.....	\$78.47
Due Date.....	07/30/2017

Billing Questions?

Contact: Member Services Call Center
Hours of Operation: Monday - Friday 7:00 a.m. to 5:00 p.m. PT
Phones: (800) 390 - 3507
Pay Online: kp.org/paymedicallbills

Please see back of statement for
important notices.
Ver el reverso del comunicado.
請見說明書反面

Next time, go paperless!
Visit kp.org/gopaperless and get your medical bills online.

You have established a payment plan for \$78.47 per month. Please submit this month's payment to keep your account in good standing.

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



(Please do not send payment to this address)
PO Box 629024
El Dorado Hills CA 95762-9024

P N

ADDRESSEE:
AB 01 008941 80141 B 29 A
[Barcode]

AMY LIMA
161 TOWNE TER APT 2
LOS GATOS, CA 95032-7368

WRITE THIS GUARANTOR NUMBER ON YOUR CHECK 322901176562		AMOUNT DUE \$78.47
GUARANTOR NAME AMY LIMA		DUE BY 07/30/2017
CREDIT CARD USED FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<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

202000322901176562000007847000005

9058

008941 1/3

6

[Barcode]

KPS1M11.68250.ND202.070117170817.DAT01



KAISER
PERMANENTE

Important Notices About Your Bill

Be Well and Thrive

What if I have questions about my bill?

For questions about your bill, contact our Member Services Call Center at 1-800-390-3507, Monday - Friday from 7:00 a.m. to 5:00 p.m. PT, or write to us at:

Kaiser Permanente - PFS Call Center
PO Box 7024
Pasadena, CA 91109

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.

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 8 a.m. to 5 p.m. PT, or for TTY for the deaf, hard of hearing or speech impaired call 1-800-777-1370. If you don't have health insurance coverage, you may be eligible for coverage through Medicare, California Health Benefit Exchange or other State or county funded coverage such as Healthy Families, Medi-Cal, and California Children's Services Program. You can get an application for the Medi-Cal program and the Healthy Families Program from the Financial Counseling Department at any Kaiser Permanente hospital. For coverage through the California Health Benefit Exchange, go to www.coveredca.com or contact a Kaiser Permanente representative at 1-800-464-4000 for more information.

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) Hotline at 1-866-399-7696, Monday - Friday, 8 a.m. to 5 p.m. PT.

What do I do if I think I'm due a refund?

Once we determine all services have been processed and charges billed, should our records indicate you have overpaid, a refund will be issued to you. If you feel you are due a refund, please contact Member Services at the number listed above.

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 #: _____

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.

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.

1	2	3	4	5				
Service Date	Post Date	Location	Provider	Description	Charges	Paid by Insurance / Adjustments	Paid by You	Amount You Owe
DOE, JANE X								
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	
03/31/11		PASADENA CLINIC	GREEN, M	LAB: ELECTROLYTE BLOOD MEASUREMENT	\$65.00	-\$35.00		\$30.00
03/31/11		PASADENA CLINIC	GREEN, M	LAB: CREATININE BLOOD MEASUREMENT	\$120.00	-\$70.00		\$40.00
	04/03/11			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

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.



THIS PAGE INTENTIONALLY LEFT BLANK.