



**KAISER
PERMANENTE.**

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

HOSPITAL BILL ACTIVITY

Guarantor Account #: 322901176562
Bill Date: 06/29/2017
Amount You Owe: \$229.16
Due Date: UPON RECEIPT

Hospital Bill Summary

Charges.....	\$20,970.40
Paid by Insurance / Adjustments / Discount.....	-\$18,973.48
Paid by You.....	-\$1,767.76
Amount You Owe.....	\$229.16

Please Pay This Amount..... \$229.16
⇒ Past Due..... \$229.16
Due Date..... UPON RECEIPT

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/paymedicalbills

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.

We haven't received your payment. Did you know we have payment plans that can make it easier to pay? If you can't pay the full amount now, please call us to make payment arrangements. If you've already arranged for payment, please ignore this notice.

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 629024
El Dorado Hills CA 95762-9024

ADDRESSEE:

AB 01 007300 78025 B 27 B



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

H N

WRITE THIS GUARANTOR NUMBER ON YOUR CHECK 322901176562		AMOUNT DUE \$229.16
GUARANTOR NAME AMY LIMA		DUE BY UPON RECEIPT
CREDIT CARD USED FOR PAYMENT		
<input checked="" 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

102000322901176562000022916000001

3628

007300 1/3

6



KPSTMT1.63250.ND102.063017170248.DAT01

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 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 #: _____



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Due Date: UPON RECEIPT

BILLING DETAIL

Itemized charge and associated payment activity

Date	Description	Charges	Paid by Insurance / Adjustments / Discount	Paid by You	Amount You Owe
LIMA, AMY					
SANTA CLARA HOMESTEAD MED CNTR -- HOSPITAL ACCOUNT # 32215987897					
02/27/17 - 02/28/17	0250 - PHARMACY, GENERAL	\$71.10			
02/27/17 - 02/28/17	0258 - PHARMACY, IV SOLUTIONS	\$42.20			
02/27/17 - 02/28/17	0260 - IV THERAPY, GENERAL	\$781.00			
02/27/17 - 02/28/17	0270 - MEDICAL/SURGICAL SUPPLIES AND DEVICES, GENERAL	\$754.00			
02/27/17 - 02/28/17	0301 - LABORATORY, CHEMISTRY	\$2,217.00			
02/27/17 - 02/28/17	0302 - LABORATORY, IMMUNOLOGY	\$322.00			
02/27/17 - 02/28/17	0305 - LABORATORY, HEMATOLOGY	\$310.00			
02/27/17 - 02/28/17	0306 - LABORATORY, BACTERIOLOGY AND MICROBIOLOGY	\$65.00			
02/27/17 - 02/28/17	0307 - LABORATORY, UROLOGY	\$31.00			
02/27/17 - 02/28/17	0324 - RADIOLOGY, DIAGNOSTIC - CHEST X-RAY	\$596.00			
02/27/17 - 02/28/17	0450 - EMERGENCY ROOM, GENERAL	\$3,510.00			
02/27/17 - 02/28/17	0483 - RADIOLOGY, ECHOCARDIOLOGY	\$4,045.00			
02/27/17 - 02/28/17	0636 - PHARMACY, DRUGS REQUIRING DETAILED CODING	\$39.60			
02/27/17 - 02/28/17	0637 - PHARMACY, SELF-ADMINISTRABLE DRUGS	\$20.50			
02/27/17 - 02/28/17	0730 - EKG/ECG (ELECTROCARDIOGRAM), GENERAL	\$291.00			
02/27/17 - 02/28/17	0762 - SPECIALTY SERVICES, OBSERVATION HOURS	\$7,875.00			
02/27/17	PATIENT PAYMENT (AT CHECK-IN) [CREDIT CARD #5752]			-\$250.00	
05/12/17	HEALTH ACCOUNT PAYMENT [CHECK #2727976]			-\$916.76	
06/13/17	BOFA CREDIT CARD GUAR PAYMENT [CREDIT CARD #0345-0817-BOFA067138VISA ***]			-\$551.00	



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HOSPITAL BILL ACTIVITY
Guarantor Account #: 322901176562
Bill Date: 06/29/2017
Amount You Owe: \$229.16
Due Date: UPON RECEIPT

BILLING DETAIL (CONTINUED)

Itemized charge and associated payment activity

Date	Description	Charges	Paid by Insurance / Adjustments / Discount	Paid by You	Amount You Owe
LIMA, AMY (CONTINUED)					
SANTA CLARA HOMESTEAD MED CNTR -- HOSPITAL ACCOUNT # 32215987897 (CONTINUED)					
06/29/17	ONLINE PAYMENT [ELECTRONIC CHECK #985145]			-\$50.00	
	TOTAL FOR HOSPITAL ACCOUNT # 32215987897	\$20,970.40	-\$18,973.48	-\$1,767.76	\$229.16 PAST DUE
	HOSPITAL BILL TOTAL FOR LIMA, AMY	\$20,970.40	-\$18,973.48	-\$1,767.76	\$229.16
	TOTAL	\$20,970.40	-\$18,973.48	-\$1,767.76	\$229.16

Guide to understanding your hospital 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 hospital bill explains some key terms and illustrates how services you received for medical care and subsequent payments may be reflected on a bill.

Date	Description	Charges	Paid by Insurance / Adjustments	Paid by You	Amount You Owe
DOE, JANE X					
HOSPITAL ACCOUNT # 111000111 - SACRAMENTO MEDICAL CENTER					
02/17/11 - 02/22/11	INPATIENT SERVICES	\$75,550.00		B -\$300.00	
02/18/11	PATIENT PAYMENT (AT CHECK-IN)			E -\$100.00	
03/15/11	PATIENT PAYMENT			E -\$600.00	
	HOSPITAL ACCOUNT # 111000111 TOTAL	C \$75,550.00	D -\$72,550.00		F \$2,400.00
	TOTAL FOR DOE, JANE X	\$75,550.00	-\$72,550.00	-\$600.00	\$2,400.00
DOE, JOHN					
HOSPITAL ACCOUNT # 111000444 - ROSEVILLE MEDICAL CENTER					
02/15/11	LAB: CREATININE BLOOD MEASUREMENT	\$150.00		H -\$40.00	
02/17/11	PATIENT PAYMENT (AT CHECK-IN)	\$150.00	I -\$110.00	J -\$40.00	J \$0.00
	HOSPITAL ACCOUNT # 111000444 TOTAL	\$150.00	-\$110.00	-\$40.00	\$0.00
	TOTAL FOR DOE, JOHN	\$150.00	-\$110.00	-\$40.00	\$0.00
	TOTAL	\$75,700.00	-\$72,660.00	-\$640.00	\$2,400.00 K

Key Terms and Definitions

Date: The date(s) which you (or a family member) received hospital services, as well as the date(s) Kaiser Permanente processed payments and adjustments related to the services.

Hospital Account #: A unique Kaiser Permanente identification number assigned to a patient to track services received and the billing (charges, payments and adjustments) associated with that activity. Each hospital visit is assigned a different hospital account number.

Provider: The physician who admitted you to the hospital for services. This person may not be your primary care physician or the physician(s) who cared for you during your hospital stay.

Charges: The total cost of services received.

These charges reflect the cost of Kaiser Permanente services before any consideration of insurance coverage.

Paid by Insurance / Adjustments: The amount that your insurance pays/covers for the services provided to you, based on your plan benefits. Adjustments (credits or debits) applied by Kaiser Permanente will also be reflected here.

Paid by You: The amount you've paid to-date for the services you received.

Past Due (page 1): This reflects balance(s) over 30 days old and not paid since your last statement.

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.

Pending Hospital Accounts: Hospital accounts with patient payments awaiting completion of insurance billing activity.

A Example 1: Jane Doe was admitted to Sacramento Medical Center by Dr. Black on February 17, 2011 and discharged on February 22, 2011. She was assigned a hospital account number, which tracks the services received, as well as any payments made throughout the course of her stay.

B Jane paid \$500 when she checked into the hospital, which was posted to her hospital account the following day, February 18th.

C The total cost of the services Jane received during her hospital stay (inpatient) was \$75,550.

D Based on Jane's benefit plan, her medical insurance paid \$72,550 of her inpatient costs, leaving a balance of \$2,500 (\$75,550 - \$72,550 - \$500).

E On March 15th, Jane paid \$100 toward her hospital stay.

F Jane owes a balance on this current bill of \$2,400 for her hospital stay.

G Example 2: On February 15th, Jane's husband John Doe visited his primary care physician, who sent him for lab tests. Although he visited the lab in the medical office, his laboratory test was processed at the hospital in Roseville, so the tests appear on the Doe family's Kaiser Permanente hospital bill. He was assigned a hospital account number, even though John was never admitted to the hospital.

H John's benefit plan has a \$40 co-payment for lab tests. He paid the \$40 at the lab and it posted to his hospital account on February 17th.

I His insurance paid the remaining charges, \$110.

J John's services were paid in full, so the current bill reflects a \$0 balance.

K The Doe family currently owes \$2,400 on this hospital bill. Charges are due to Kaiser Permanente within 30 days of the bill date. Payments received after the due date will be considered "past due."

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