|  |  |
| --- | --- |
| % TM Match Value | Number of Segments |
| 101% | 0 |
| 100% | 0 |
| 0% - 99% | 28 |
| Untranslated | 0 |
| Total | 28 |

\\Mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\15\96\_Remote Patient Monitoring Program\All\_Languages\RPM Billing Letter (1).docx.xlz

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ID | Source | Target | % TM Match Value | Comment |
| 2@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#43cf6c486d63d7d09deee2cbd276b482 | <cf font="Times New Roman" fontcolor="w:val='000000' w:themeColor='text1'" size="12">200 First Street SW</cf> | <cf font="Times New Roman" fontcolor="w:val='000000' w:themeColor='text1'" size="12">200 First Street SW</cf> | 0 |  |
| 3@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#7de24cbfb4a0d8eefe1539fc5218c9b8 | <cf font="Times New Roman" fontcolor="w:val='000000' w:themeColor='text1'" size="12">Rochester, Minnesota 55905</cf> | <cf font="Times New Roman" fontcolor="w:val='000000' w:themeColor='text1'" size="12">Rochester, Minnesota 55905</cf> | 0 |  |
| 6@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#51ecdf952c08dfd04102e264fa3a8a3d | <cf font="Times New Roman" size="12">Dear Mayo Clinic Patient:</cf> | <cf font="Times New Roman" size="12">Dear Mayo Clinic Patient:</cf> | 0 |  |
| 7@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#b8422f9ecce75637439615547631a3ae | <cf font="Times New Roman" size="12">You have been enrolled in Remote Patient Monitoring by your provider and we value this opportunity to partner with you in your healthcare journey. | <cf font="Times New Roman" size="12">You have been enrolled in Remote Patient Monitoring by your provider and we value this opportunity to partner with you in your healthcare journey. | 0 |  |
| 9@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#cd21f57e16ea63e328181d6ace1e89b1 | Our goal is to help you throughout the duration of the program so that you can manage your condition and lead a healthier life. | Our goal is to help you throughout the duration of the program so that you can manage your condition and lead a healthier life. | 0 |  |
| 11@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#0cda3d3727ac2b88f2c26e25afeedf6c | Please know that your care team and the Remote Patient Monitoring team are here to assist you throughout the process and answer your questions along the way.</cf> | Please know that your care team and the Remote Patient Monitoring team are here to assist you throughout the process and answer your questions along the way.</cf> | 0 |  |
| 12@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#7478db2cdaade64d89e5d91389e98992 | <commentrangestart number="0"/><commentrangestart number="1"/><commentrangestart number="2"/><cf font="Times New Roman" size="12">While participating in Remote Patient Monitoring, Mayo Clinic will bill your insurance for these services each month you are enrolled in the program. | <commentrangestart number="0"/><commentrangestart number="1"/><commentrangestart number="2"/><cf font="Times New Roman" size="12">While participating in Remote Patient Monitoring, Mayo Clinic will bill your insurance for these services each month you are enrolled in the program. | 0 |  |
| 14@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#c4d6658b9287f78647f0d0c28c0164a9 | Important details on this process are:</cf><commentrangeend number="0"/><commentreference number="0"/><commentrangeend number="1"/><commentreference number="1"/><commentrangeend number="2"/><commentreference number="2"/> | Important details on this process are:</cf><commentrangeend number="0"/><commentreference number="0"/><commentrangeend number="1"/><commentreference number="1"/><commentrangeend number="2"/><commentreference number="2"/> | 0 |  |
| 15@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#8bb1ad645c9af7aaeca8aabe7fbff919 | <cf font="Times New Roman" size="12">Charges for the Remote Patient Monitoring program will appear on your bill.</cf> | <cf font="Times New Roman" size="12">Charges for the Remote Patient Monitoring program will appear on your bill.</cf> | 0 |  |
| 16@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#abf7b5540bbc7bc0d6d6d40b07d07c94 | <cf font="Times New Roman" size="12">Based on your insurance, you could have an out-of-pocket responsibility. | <cf font="Times New Roman" size="12">Based on your insurance, you could have an out-of-pocket responsibility. | 0 |  |
| 18@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#72ce761b5d752b029c90c1e30777b9a5 | You may contact your insurance provider to determine if there will be any out-of-pocket costs.</cf> | You may contact your insurance provider to determine if there will be any out-of-pocket costs.</cf> | 0 |  |
| 19@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#f6aaeff1eb0dbeb382fa6a9cad47d127 | <cf font="Times New Roman" size="12">The approximate cost for this program is $535/month and </cf><cf font="Times New Roman" bold="on" italic="on" size="12">any out-of-pocket expenses depend upon individual insurance coverage</cf><cf font="Times New Roman" bold="on" size="12">.</cf><cf font="Times New Roman" size="12"> | <cf font="Times New Roman" size="12">The approximate cost for this program is $535/month and </cf><cf font="Times New Roman" bold="on" italic="on" size="12">any out-of-pocket expenses depend upon individual insurance coverage</cf><cf font="Times New Roman" bold="on" size="12">.</cf><cf font="Times New Roman" size="12"> | 0 |  |
| 21@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#040786855117b028b30fad0b6676bc87 | These costs will also vary based on the length of your program.</cf> | These costs will also vary based on the length of your program.</cf> | 0 |  |
| 22@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#67882ecfed80071755096b347f482f1e | <cf font="Times New Roman" size="12">While many patients do not incur additional out-of-pocket expenses based on their insurance coverage, we encourage you to verify this information as soon as possible. | <cf font="Times New Roman" size="12">While many patients do not incur additional out-of-pocket expenses based on their insurance coverage, we encourage you to verify this information as soon as possible. | 0 |  |
| 24@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#05c8adfe664e055959e31399f07aadae | Below are additional resources that may be helpful in this process:</cf> | Below are additional resources that may be helpful in this process:</cf> | 0 |  |
| 25@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#ac7e00eaa2f54f09798f2ff46dbf4ef4 | <cf font="Times New Roman" size="12">To determine if you will have any out-of-pocket expenses, you can call your insurance provider to understand your coverage. | <cf font="Times New Roman" size="12">To determine if you will have any out-of-pocket expenses, you can call your insurance provider to understand your coverage. | 0 |  |
| 27@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#e5dd3cfebc5f7d5d2a457ba5c5c4c948 | <cf font="Times New Roman" size="12">Your insurance provider may ask for billing CPT codes. | <cf font="Times New Roman" size="12">Your insurance provider may ask for billing CPT codes. | 0 |  |
| 29@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#126520b61a40e7ef2a4fdc369aeef175 | The billing CPT codes you can provide are: | The billing CPT codes you can provide are: | 0 |  |
| 31@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#0a323209270f6508dd960970882cb848 | 99453, 99454, 99457, & 99458. </cf> | 99453, 99454, 99457, & 99458. </cf> | 0 |  |
| 32@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#74cf44b6ddc9b202b21532c451a4eb41 | <cf font="Times New Roman" size="12">If asked by your insurance provider, this service is not considered durable medical equipment. | <cf font="Times New Roman" size="12">If asked by your insurance provider, this service is not considered durable medical equipment. | 0 |  |
| 34@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#f962fb6f2417526e3fe77211130ea702 | If your insurance provider needs more information, you may contact Mayo Clinic’s Financial Counseling Call Center at 833-479-5483, Option #4, to assist with these questions.</cf> | If your insurance provider needs more information, you may contact Mayo Clinic’s Financial Counseling Call Center at 833-479-5483, Option #4, to assist with these questions.</cf> | 0 |  |
| 35@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#bc23f3d28cdfe9b1133b3582b844bb1f | <cf font="Times New Roman" size="12">Your provider has recommended this program as a necessary component of your plan of care; however, you may end your enrollment in Remote Patient Monitoring at any time. | <cf font="Times New Roman" size="12">Your provider has recommended this program as a necessary component of your plan of care; however, you may end your enrollment in Remote Patient Monitoring at any time. | 0 |  |
| 37@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#2986069632bc0e32f7d2c76f2476ced0 | Before ending your enrollment, we do ask that you discuss disenrolling with your provider. | Before ending your enrollment, we do ask that you discuss disenrolling with your provider. | 0 |  |
| 39@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#40bc457e4aabf0fa54e3bb96ad614b5a | If you do disenroll, you will be responsible for any services incurred prior to your withdrawal from the program.</cf> | If you do disenroll, you will be responsible for any services incurred prior to your withdrawal from the program.</cf> | 0 |  |
| 40@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#6afb77ea0800b1e17532aecc54299392 | <cf font="Times New Roman" size="12">If you have any non-billing related questions about the program, please call your Remote Patient Monitoring care team at 507-293-3371. | <cf font="Times New Roman" size="12">If you have any non-billing related questions about the program, please call your Remote Patient Monitoring care team at 507-293-3371. | 0 |  |
| 42@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#11af3c1c3ba51e1ada1bd323edc852ba | Thank you for partnering with Mayo Clinic and the Remote Patient Monitoring team for your healthcare needs and goals.</cf> | Thank you for partnering with Mayo Clinic and the Remote Patient Monitoring team for your healthcare needs and goals.</cf> | 0 |  |
| 43@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#7467ad082d52838eb8ba2f11eb9e088e | <cf font="Times New Roman" size="12">Sincerely, </cf> | <cf font="Times New Roman" size="12">Sincerely, </cf> | 0 |  |
| 44@\\mum-srv06\LIFESCIENCE\_ENG\_PROJECTS\_2023\2023\12\_Dec\14\109\_xxxxxxx\_Remote Patient Monitoring Program\02\_Prep\01\_Files\All\_Languages\RPM Billing Letter (1).docx#87822ae1e0ef5dc2ed16b4a4121f5c5f | <cf font="Times New Roman" size="12">Your Remote Patient Monitoring Team</cf> | <cf font="Times New Roman" size="12">Your Remote Patient Monitoring Team</cf> | 0 |  |