KAISER PERMANENTE®

HAZEL DELL AVE
VANCOUVER, WA 98665

PROFESSIONAL BILL ACTIVITY

Guarantor Account #:	5 9
Bill Date:	10/10/2016
Amount You Owe:	$210.00
Due Date:	11/09/2016

Professional Bill Summary

Charges	$1,393.00
Paid by Insurance / Adjustments / Discount	-$1,183.00
Paid by You	$0.00
Amount You Owe	**$210.00**

Please Pay This Amount	**$210.00**
Due Date	**11/09/2016**

Billing Questions?
Contact: Membership Services
Hours of Operation: Monday – Friday 8 a.m. to 6 p.m. PT
Phones: 866-478-0280 (TTY: 800-735-2900)

Please see back of statement for additional information.

GO GREEN - sign up for online statements at **Kp.org/gopaperless** and pay online at **Kp.org/paymedicalbills.** It's easy, secure and helps the environment. Thank you for choosing Kaiser Permanente. We are here to help you THRIVE!

According to our records, you owe the amount listed above. Please pay the full amount now, or contact 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 Permanente. Detach coupon and return with your payment in the envelope provided.

KAISER PERMANENTE®
(Please do not send payment to this address)
7201 NORTH INTERSTATE
PORTLAND, OR 97217-5523

ADDRESSEE:
----- manifest line ---------

HAZEL DELL AVE
VANCOUVER, WA 98665

WRITE THIS GUARANTOR NUMBER ON YOUR CHECK: 5 9	AMOUNT DUE: $210.00
GUARANTOR NAME	DUE BY: 11/09/2016
CREDIT CARD USED FOR PAYMENT: ☐ MASTERCARD ☐ DISCOVER ☐ VISA ☐ AMERICAN EXPRESS	
CARD NUMBER	EXP. DATE ___/___
CARDHOLDER NAME	
SIGNATURE	AMOUNT PAID $

Submit Payment To:

KAISER FOUNDATION HEALTH PLAN OF THE NW
PO BOX 34614
SEATTLE, WA 98124-1614

00500647190000000000210000000000000005

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 Membership Services at 866-478-0280, Monday - Friday from 8:00 a.m. to 6:00 p.m. PT, or write to us at:

Kaiser Foundation Health Plan of the Northwest
Patient Financial Services
7201 N. Interstate Avenue
Portland, OR 97217

For language assistance, please call 800-735-2900.

If you are deaf, hard of hearing or speech impaired and require TTY assistance, please call:
Oregon – 800-735-2900
Washington – 800-833-6384

Federal Tax ID – 93-0798039

Frequently Asked Questions:

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 professional 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. Those services and payments will appear on a future bill.

What if my healthcare coverage has changed?
What if I have additional healthcare coverage?
If you have changes, please call Membership Services or complete the form below.

What if I have a question about my benefits?
You may view your membership status and benefits on-line at www.kp.org, or you may call Membership Services.

What if I need help paying?
If you meet certain income requirements or have a special circumstance, you may qualify for financial assistance. For more information and to apply, please call Membership Services.

What if I have a healthcare savings account?
If you have a health savings account (HSA), health reimbursement arrangement (HRA), or a flexible spending account (FSA), please keep this bill for reimbursement and tax purposes.

Can I pay my bill over time?
Please call Membership Services. A mutually agreeable amount will be set up for monthly payments. If you have a hospital and professional outstanding balance, a payment plan must be set up for each balance.

Will I be charged a service fee for a returned check?
Yes, you will be charged a $25 service fee.

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: 11/09/2016

BILLING DETAIL

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
09/03/16		SALMON CREEK MEDIC*		MR IMAGING BRAIN; WITHOUT CONTRAST MATERIAL	$1,393.00	-$1,183.00		$210.00
			PROFESSIONAL BILL TOTAL FOR		$1,393.00	-$1,183.00	$0.00	$210.00
				TOTAL	$1,393.00	-$1,183.00	$0.00	$210.00

PAYMENT CREDITS

Credits will be applied once provider charges are received. At that point, your payments will be included in the "Paid By You" in the summary section.

Service Date	Post Date	Location	Provider	Description	Charges	Paid by Insurance / Adjustments / Discount	Paid by You	Amount You Owe
	09/20/16			CO-PAYMENT [CREDIT CARD]			-$30.00	
				TOTAL			-$30.00	

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

	1 Service Date	2 Post Date	Location	Provider	Description	3 Charges	4 Paid by Insurance / Adjustments	5 Paid by You	Amount You Owe
	DOE, JANE X								
A	03/31/12		ROCKWOOD	BROWN, J	OFFICE VISIT	$200.00	-$130.00		$50.00
		03/31/12			PATIENT PAYMENT (AT CHECK IN)			$20.00	
B	03/31/12		ROCKWOOD	GREEN, M	LAB TEST	$65.00	-$35.00		$30.00
	03/31/12		ROCKWOOD	GREEN, M	LAB TEST	$120.00	-$70.00		$50.00
	03/31/12		ROCKWOOD	GREEN, M	LAB TEST	$60.00	-$30.00		$30.00
					TOTAL FOR DOE, JANE X	$445.00	-$265.00	-$20.00	$160.00
					TOTAL	$445.00	-$265.00	-$20.00	$160.00 C

A Office Visit:

In this example, Jane Doe visited Dr. Brown on March 31, 2012. 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.

Jane's insurance company 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).

Jane is expected to pay a total of $110 ($30 + $50 + $30) for these tests.

C Amount You Owe:

Adding up the remaining costs of the office visit and lab tests, Jane's current professional bill is $160, due within 30 days of the bill date, or she can call Membership Services and set up a payment plan. Payments received after the due date will be considered "past due."

Key Terms and Definitions

1 **Service Date:** The date(s) you (or a family member) received medical services.

2 **Post Date:** Payments and adjustments that were processed related to the date on which services were provided.

3 **Charges:** The total cost for services received. These charges reflect the cost of 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 are also reflected here.

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

Payment Plan: A mutually agreed upon amount to pay monthly until the balance on the account is zero. Partial payments are not considered a payment plan; the balance will be considered unpaid and may be subject to being sent to collections

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.