



UNIVERSITY PHYSICIANS, INC.

Questions? Please call us at (303) 493-7700 or 1-800-621-9734
Monday through Friday, 8:00 AM to 5:00 PM

JANE Q PUBLIC
123 MAIN ST
APT 1
DENVER, CO 80207

00099999050520110002571810590

YOUR CURRENT INSURANCE IS LISTED BELOW. PLEASE CHECK THIS BOX IF YOUR ADDRESS OR INSURANCE HAS CHANGED AND MAKE YOUR CHANGES ON THE REVERSE SIDE.
1. MEDICARE PART B-CO POLICY # XXXXX9999A PO BOX 660031 PART B CLAIMS DALLAS, TX 75265-0699
2. NONE

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT

PATIENT: JANE Q PUBLIC
MAKE CHECKS PAYABLE TO: UNIVERSITY PHYSICIANS, INC.
IF PAYING BY CREDIT CARD: VISA MasterCard DISCOVER AMERICAN EXPRESS
CARD NUMBER:
EXP DATE: SIGNATURE:
ACCT # STATEMENT DATE AMOUNT DUE NOW AMOUNT ENCLOSED
0000989999 05/05/11 \$257.18 \$

STATEMENT OF PROFESSIONAL SERVICES

(AS OF MAY 5, 2011)

ACCT NUMBER: 0000989999
PATIENT NAME: JANE Q PUBLIC

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THE FOLLOWING INVOICES DESCRIBE OUTSTANDING PATIENT DUE BALANCES FOR SERVICES RENDERED BY PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS. THE LEFT SIDE DESCRIBES THE SERVICES PROVIDED AND THE CHARGES FOR EACH SERVICE. THE RIGHT SIDE DESCRIBES INSURANCE AND PATIENT PAYMENTS, ADJUSTMENTS AND THE AMOUNT YOU OWE FOR THAT SERVICE.

Table with 2 columns: CHARGES and PAYMENT ACTIVITY. Invoice number 99999991. Provider: GREGORY HOUSE MD, RML EYE INSTITUTE. Service: 01/19/11 (92015) DETERMINATION OF REFRACTIVE. Total charges \$38.00. Amount due now \$38.00.

Table with 2 columns: CHARGES and PAYMENT ACTIVITY. Invoice number 99993598. Provider: MARCUS WELBY MD, UCH AIP EMERGENCY ROOM. Service: 02/18/11 (71020) CHEST X-RAY. Total charges \$40.00. Amount due now \$10.78.

Table with 2 columns: CHARGES and PAYMENT ACTIVITY. Invoice number 22899999. Provider: DEMARCUS SMITH MD, UCH AIP EMERGENCY ROOM. Service: 02/18/11 (93971) SCAN EXTREMITY VEINS. Total charges \$82.00. Amount due now \$19.15.

CONTINUED ON REVERSE SIDE ...

GUARANTOR/ADDRESS CHANGES			INSURANCE CHANGES				
NAME	HOME PHONE NUMBER		INSURANCE COMPANY	INSURANCE PHONE NUMBER			
MAILING ADDRESS			SUBSCRIBER'S NAME		SUBSCRIBER'S DATE OF BIRTH		
CITY	STATE	ZIP CODE	I.D. NUMBER	GROUP/PLAN NUMBER	EFFECTIVE DATE		
EMPLOYER	WORK PHONE NUMBER	MAILING ADDRESS FOR CLAIMS					
DATE OF BIRTH			CITY	STATE	ZIP CODE		
RELEASE OF INFORMATION & ASSIGNMENT OF BENEFITS			MEDICARE				
I hereby authorize University Physicians, Inc. on behalf of the faculty members of The University of Colorado School of Medicine, to release any MEDICAL information, which might be needed in connection with payment for medical services rendered. I request that all amounts payable under my medical insurance policies be made directly to University Physicians, Inc. on any bills for services rendered to me. Signature: _____ Date: _____			MEDICARE CLAIM NUMBER	EFFECTIVE DATE			
			NAME OF BENEFICIARY	HOSPITAL (PART A) _____			
						MEDICAL (PART B) _____	
			MEDICAID			PATIENT'S STATE ID NUMBER	VALID FROM
			PATIENT'S NAME				

STATEMENT OF PROFESSIONAL SERVICES

(AS OF MAY 5, 2011)

ACCT NUMBER: 0000989999
PATIENT NAME: JANE Q PUBLIC

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INVOICE NUMBER: 88882680	
CHARGES	PAYMENT ACTIVITY
PROVIDER: SWEET N SAUER MD UCH AIP EMERGENCY ROOM	02/18/11 TOTAL CHARGES \$32.00
02/18/11 (93010) ELECTROCARDIOGRAM; INTERPRET	03/23/11 MEDICARE PAYMENT
DIAGNOSIS CODE: 444.44	PAYMENT..... -6.99
TOTAL: \$32.00	CONTRACTUAL ADJUSTMENT..... -23.26
	03/23/11 BALANCE BILLED TO PATIENT
	AMOUNT DUE NOW..... \$1.75

INVOICE NUMBER: 77775677	
CHARGES	PAYMENT ACTIVITY
PROVIDER: VIDAL SASSON MD UCH AIP EMERGENCY VISIT	02/18/11 TOTAL CHARGES \$602.00
02/18/11 (99285) EMERGENCY VISIT	03/26/11 MEDICARE PAYMENT
DIAGNOSIS CODE: 777.99	PAYMENT..... -133.29
TOTAL: \$602.00	CONTRACTUAL ADJUSTMENT..... -435.39
	03/26/11 BALANCE BILLED TO PATIENT
	AMOUNT DUE NOW..... \$33.32

INVOICE NUMBER: 66667717	
CHARGES	PAYMENT ACTIVITY
PROVIDER: DENNIS LEARY MD UCH AIP INPATIENT MED-PULMONARY DISEASE	02/18/11 TOTAL CHARGES \$90.00
02/18/11 (94720) MONOXIDE DIFFUSING CAPACITY	04/04/11 MEDICARE PAYMENT
02/18/11 (94010) SPIROMETRY	PAYMENT..... -16.43
DIAGNOSIS CODE: 777.55	CONTRACTUAL ADJUSTMENT..... -69.46
TOTAL: \$90.00	04/04/11 BALANCE BILLED TO PATIENT
	AMOUNT DUE NOW..... \$4.11

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STATEMENT OF PROFESSIONAL SERVICES

(AS OF MAY 5, 2011)

ACCT NUMBER: 0000989999
PATIENT NAME: JANE Q PUBLIC

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INVOICE NUMBER: 55557955 <u>CHARGES</u> PROVIDER: WOLFGANG PUCK MD UCH AIP INPATIENT MED-GIM HOSPITALISTS 02/19/11 (99223) HOSPITAL CARE \$670.00 <div style="text-align: right;">TOTAL: \$670.00</div> DIAGNOSIS CODE: 777.99	<u>PAYMENT ACTIVITY</u> 02/19/11 TOTAL CHARGES \$670.00 03/26/11 MEDICARE PAYMENT PAYMENT..... -153.14 CONTRACTUAL ADJUSTMENT..... -478.58 03/26/11 BALANCE BILLED TO PATIENT AMOUNT DUE NOW..... \$38.28
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INVOICE NUMBER: 44440864 <u>CHARGES</u> PROVIDER: COLIN D FARREL MD AIP RADIOLOGY RAD-NUCLEAR MEDICINE 02/19/11 (78588) PERFUSION LUNG IMAGE \$195.00 <div style="text-align: right;">TOTAL: \$195.00</div> DIAGNOSIS CODE: 777.99	<u>PAYMENT ACTIVITY</u> 02/19/11 TOTAL CHARGES \$195.00 04/18/11 MEDICARE PAYMENT PAYMENT..... -42.58 CONTRACTUAL ADJUSTMENT..... -141.78 04/18/11 BALANCE BILLED TO PATIENT AMOUNT DUE NOW..... \$10.64
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INVOICE NUMBER: 33337933 <u>CHARGES</u> PROVIDER: ETHAN ALLEN MD UCH AIP INPATIENT MED-GIM HOSPITALISTS 02/20/11 (99233) SUBSEQUENT HOSP CARE \$348.00 02/21/11 (99233) SUBSEQUENT HOSP CARE 2 UNIT[S] \$696.00 <div style="text-align: right;">TOTAL: \$1044.00</div> DIAGNOSIS CODE: 777.99	<u>PAYMENT ACTIVITY</u> 02/21/11 TOTAL CHARGES \$1044.00 03/26/11 MEDICARE PAYMENT PAYMENT..... -236.33 CONTRACTUAL ADJUSTMENT..... -748.59 03/26/11 BALANCE BILLED TO PATIENT AMOUNT DUE NOW..... \$59.08
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INVOICE NUMBER: 33332631 <u>CHARGES</u> PROVIDER: BRIEK HOUSE MD UCH AIP INPATIENT MED-CARDIAC IMAGING 02/21/11 (93306) ECHOCARDIOGRAPH TRANSTHORAC REAL-TIME W/IMAGE \$248.00 <div style="text-align: right;">TOTAL: \$248.00</div> DIAGNOSIS CODE: 888.99	<u>PAYMENT ACTIVITY</u> 02/21/11 TOTAL CHARGES \$248.00 03/23/11 MEDICARE PAYMENT PAYMENT..... -53.77 CONTRACTUAL ADJUSTMENT..... -180.79 03/25/11 BALANCE BILLED TO PATIENT AMOUNT DUE NOW..... \$13.44
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INVOICE NUMBER: 22227982 <u>CHARGES</u> PROVIDER: ETHAN ALLEN MD UCH AIP INPATIENT MED-GIM HOSPITALISTS 02/23/11 (99238) HOSPITAL DISCHARGE \$239.00 <div style="text-align: right;">TOTAL: \$239.00</div> DIAGNOSIS CODE: 989.69	<u>PAYMENT ACTIVITY</u> 02/23/11 TOTAL CHARGES \$239.00 03/26/11 MEDICARE PAYMENT PAYMENT..... -54.66 CONTRACTUAL ADJUSTMENT..... -170.68 03/26/11 BALANCE BILLED TO PATIENT AMOUNT DUE NOW..... \$13.66
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STATEMENT OF PROFESSIONAL SERVICES

(AS OF MAY 5, 2011)

ACCT NUMBER: 0000989999
PATIENT NAME: JANE Q PUBLIC

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INVOICE NUMBER: 11118011

CHARGES

PROVIDER: HIATT REGENCY MD
UCH SENIORS CLINIC

03/10/11 (99214) OUTPT VISIT,ESTAB PT \$263.00
TOTAL: **\$263.00**

DIAGNOSIS CODE: 989.99

PAYMENT ACTIVITY

03/10/11	TOTAL CHARGES	\$263.00
04/08/11	MEDICARE PAYMENT	
	PAYMENT.....	-59.90
	CONTRACTUAL ADJUSTMENT.....	-188.13
04/08/11	BALANCE BILLED TO PATIENT	
	AMOUNT DUE NOW.....	\$14.97

OUR PHYSICAL ADDRESS IS: 13199 E MONTVIEW BLVD, AURORA, CO 80045

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FULL PAYMENT IS DUE WITHIN 30 DAYS UNLESS SPECIAL ARRANGEMENTS ARE MADE. PLEASE CALL US TODAY AT 303-493-7700.
EL PAGO ENTERO ES DEBIDO DENTRO DE 30 DAIS A MENOS QUE ARREGLOS ESPECIALES SE AN HECHOS.

UNIVERSITY PHYSICIANS, INC. BILLS THE PROFESSIONAL FEES FOR PROVIDERS WHO ARE FACULTY MEMBERS OF THE UNIVERSITY OF COLORADO SCHOOL OF MEDICINE. THIS STATEMENT IS SEPARATE FROM THE ONE YOU MAY RECEIVE FROM THE HOSPITAL OR CLINIC WHERE TREATMENT WAS RENDERED.

UNIVERSITY PHYSICIANS, INC. ESTA AL CARGO DE LAS CUENTAS DE LOS DOCTORES QUIENES SON MIEMBROS DE LA UNIVERSIDAD DE COLORADO DE LA ESCUELA DE MEDICINA. ESTE ESTADO DE CUENTA ES POR SEPARADO DE EL QUE USTED PUEDE DE PARTE DE EL HOSPITALO CLINICA EN DONDE EL TRATAMIENTO HALLA SIDO RECIBIDO.

AMOUNT DUE UPON RECEIPT: \$257.18

ACCOUNT NUMBER: 0000989999 05/05/11