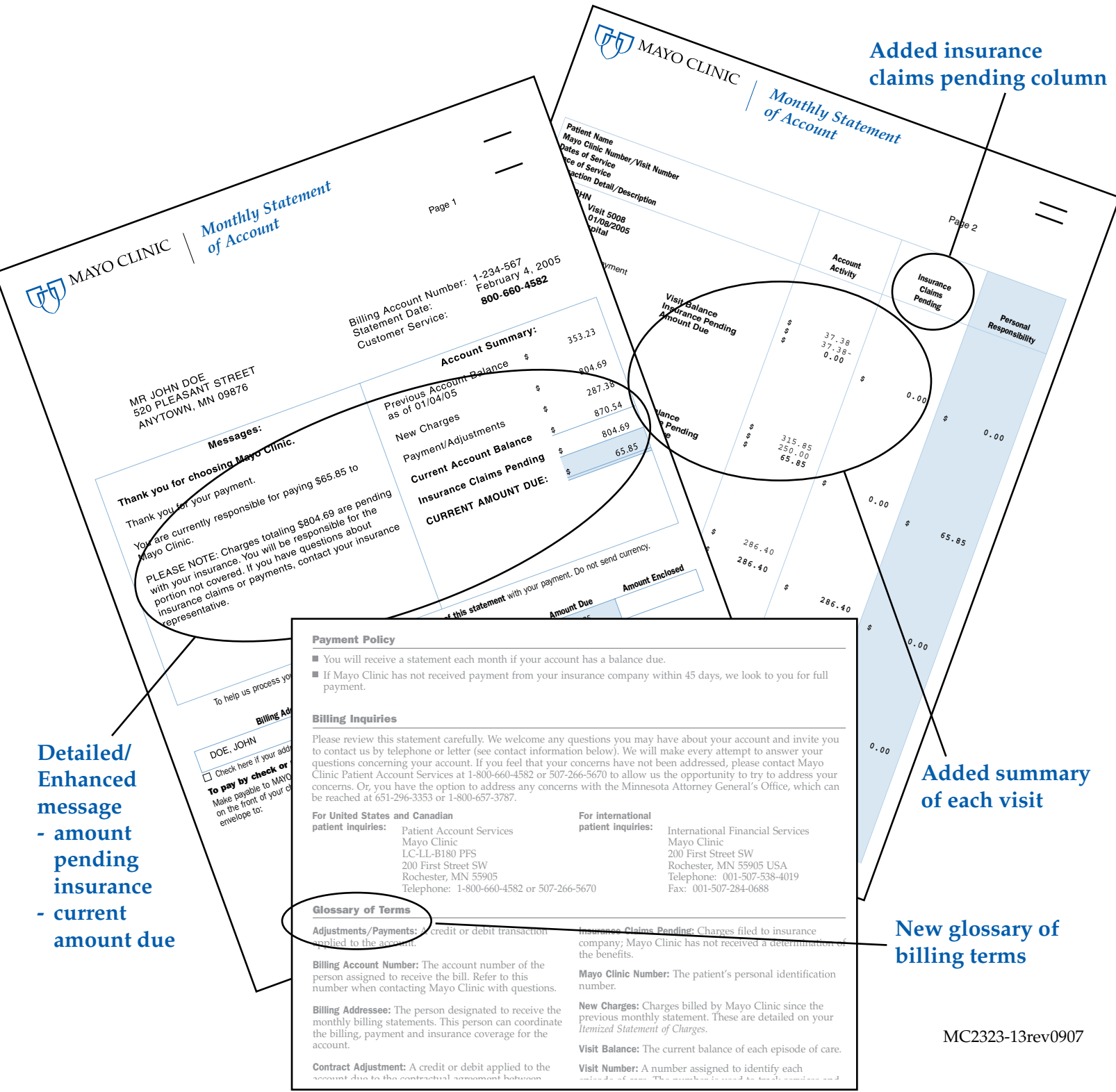


Explanation of Monthly Statement of Account

Mayo Clinic, Saint Marys Hospital and Rochester Methodist Hospital

Below is a visual guide to the *monthly statement of account*. This shows what your insurance company has paid, any amount still under consideration by your insurance company, and what amount you should pay now.



Added insurance claims pending column

Added summary of each visit

New glossary of billing terms

Detailed/Enhanced message

- amount pending insurance
- current amount due

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MR JOHN DOE
520 PLEASANT STREET
ANYTOWN, MN 09876

Thank you for choosing Mayo Clinic.
Thank you for your payment.
You are currently responsible for paying \$65.85 to Mayo Clinic.
PLEASE NOTE: Charges totaling \$804.69 are pending with your insurance. You will be responsible for the portion not covered. If you have questions about insurance claims or payments, contact your insurance representative.

Messages:

To help us process your payment, please send this statement with your payment. Do not send currency.

DOE, JOHN
 Check here if your address is correct.
 To pay by check or money order, make payable to MAYO CLINIC on the front of your check or money order envelope to:

Account Summary:

Previous Account Balance as of 01/04/05	\$ 353.23
New Charges	\$ 804.69
Payment/Adjustments	\$ 287.38
Current Account Balance	\$ 870.54
Insurance Claims Pending	\$ 804.69
CURRENT AMOUNT DUE:	\$ 65.85

Account Activity

Visit Number	Visit Date	Visit Description	Visit Balance	Insurance Pending	Amount Due
5008	01/08/2005	Capital	\$ 37.38	\$ 37.38	\$ 0.00
			\$ 315.85	\$ 250.00	\$ 65.85
			\$ 286.40	\$ 286.40	\$ 0.00
			\$ 286.40	\$ 286.40	\$ 0.00
			\$ 286.40	\$ 286.40	\$ 0.00

Insurance Claims Pending

Personal Responsibility

Payment Policy

- You will receive a statement each month if your account has a balance due.
- If Mayo Clinic has not received payment from your insurance company within 45 days, we look to you for full payment.

Billing Inquiries

Please review this statement carefully. We welcome any questions you may have about your account and invite you to contact us by telephone or letter (see contact information below). We will make every attempt to answer your questions concerning your account. If you feel that your concerns have not been addressed, please contact Mayo Clinic Patient Account Services at 1-800-660-4582 or 507-266-5670 to allow us the opportunity to try to address your concerns. Or, you have the option to address any concerns with the Minnesota Attorney General's Office, which can be reached at 651-296-3353 or 1-800-657-3787.

For United States and Canadian patient inquiries:

Patient Account Services
Mayo Clinic
LC-LL-B180 PFS
200 First Street SW
Rochester, MN 55905
Telephone: 1-800-660-4582 or 507-266-5670

For international patient inquiries:

International Financial Services
Mayo Clinic
200 First Street SW
Rochester, MN 55905 USA
Telephone: 001-507-538-4019
Fax: 001-507-284-0688

Glossary of Terms

Adjustments/Payments: A credit or debit transaction applied to the account.

Insurance Claims Pending: Charges filed to insurance company; Mayo Clinic has not received a determination of the benefits.

Mayo Clinic Number: The patient's personal identification number.

New Charges: Charges billed by Mayo Clinic since the previous monthly statement. These are detailed on your *Itemized Statement of Charges*.

Visit Balance: The current balance of each episode of care.

Visit Number: A number assigned to identify each episode of care. The number is used to track services and charges.

Billing Account Number: The account number of the person assigned to receive the bill. Refer to this number when contacting Mayo Clinic with questions.

Billing Addressee: The person designated to receive the monthly billing statements. This person can coordinate the billing, payment and insurance coverage for the account.

Contract Adjustment: A credit or debit applied to the account due to the contractual agreement between Mayo Clinic and your insurance company.

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