

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

Mayo Clinic 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.

Rochester 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.

Arizona 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, Monday through Friday, 8 a.m. to 5 p.m. MST, or by letter. We will make every attempt to answer your questions concerning your account.

Florida Billing Inquiries
 Please review this statement carefully. We welcome any questions you may have about your account for hospital and/or clinic services, and invite you to contact us. We will make every attempt to answer your questions concerning your account. Call a representative in Patient Financial Services at 904-953-7058 during office hours of Monday through Friday 8 a.m. to 5 p.m. ET. Fax us at 904-953-2141. You may send an e-mail to MCJPA@mayo.edu. Write to us at:
 Mayo Clinic PFS Inquiries
 4500 San Pablo Road / Sandcastle
 Jacksonville, FL 32224

Glossary of Terms

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

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 the insurance company.

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 payments.

MR JOHN DOE
 520 PLEASANT STREET
 ANYTOWN, MN 09876

 Billing Account Number: 1-234-567
 Statement Date: February 4, 2005
 Customer Service: **800-660-4582**
Messages:
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. Contact your insurance representative with questions about insurance claims or payments.

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

If you dispute this debt:

Any communication concerning disputed debts, including any payments tendered as full payment of your disputed account, must be mailed to: Patient Account Services, Mayo Clinic, FF-01-206-PAS, 200 First Street SW, Rochester, MN 55905

 To help us process your payment, **please return the lower portion of this statement** with your payment. Do not send currency.

Billing Addressee	Billing Account Number	Date Due	Amount Due	Amount Enclosed
John Doe	1-234-567	Upon Receipt	\$ 65.85	

To pay by credit/debit card:

Please indicate credit/debit card preference. Provide the account information and sign below, or call 507-266-5670.

<input type="checkbox"/> Credit	Type:	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
<input type="checkbox"/> Debit		<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
Card Account Number		Amount	
Name on Card		Expiration Date	
Authorized Signature			

 Check here if your address has changed. Please indicate changes on back.

To pay by check or money order:

 Make check payable to MAYO CLINIC ROCHESTER
 Write your **billing account number** on the front of your check or money order and mail in the enclosed envelope to:

**MAYO CLINIC ROCHESTER
 P.O. BOX 790127
 ST. LOUIS, MO 63179-0127**


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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	International Financial Services Mayo Clinic 200 First Street SW Rochester, MN 55905 USA Telephone: 001-507-538-4019 Fax: 001-507-284-0688
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Patient Financial Services
Mayo Clinic
13400 E. Shea Blvd.
Scottsdale, Arizona 85259
Telephone: 480-301-7033 or 1-800-603-0558

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Address/Telephone Change

Name – First	Middle	Last	Phone
Address – Street / Apartment number			
City	State/Province	ZIP/Postal Code	Country



Patient Name Mayo Clinic Number/Visit Number Dates of Service Place of Service Transaction Detail/Description	Account Activity	Insurance Claims Pending	Personal Responsibility
DOE, JOHN 1-234-567 Visit 9876 03/08/2005 - 03/08/2005 St. Marys Hospital	\$ 37.38 \$ 37.38- \$ 0.00	\$ 0.00	\$ 0.00
Previous Balance 11/19/04 Personal Payment Visit Balance Insurance Pending Amount Due	\$ 37.38 \$ 37.38- \$ 0.00	\$ 0.00	\$ 0.00
DOE, JOHN 1-234-567 Visit 9873 03/06/2005 - 03/08/2005 Mayo Clinic Rochester	\$ 315.85 \$ 250.00 \$ 65.85	\$ 0.00	\$ 65.85
Previous Balance 11/19/04 ABC Insurance payment Visit Balance Insurance Pending Amount Due	\$ 315.85 \$ 250.00 \$ 65.85	\$ 0.00	\$ 65.85
DOE, JANE 2-345-678 Visit 9875 11/18/2005 - 11/18/2005 Rochester Methodist Hospital	\$ 286.40 \$ 286.40	\$ 286.40	\$ 0.00
New Charges 11/27/04 Insurance Claim Filed/ABC Insurance Visit Balance Insurance Pending Amount Due	\$ 286.40 \$ 286.40	\$ 286.40	\$ 0.00
DOE, JANE 2-345-678 Visit 9874 11/18/2005 - 11/19/2005 Mayo Clinic Rochester	\$ 518.29 \$ 518.29	\$ 518.29	\$ 0.00
New Charges 11/22/04 Insurance Claim Filed/ABC Insurance Visit Balance Insurance Pending Amount Due	\$ 518.29 \$ 518.29	\$ 518.29	\$ 0.00
Current Account Balance Insurance Claims Pending Current Amount Due	\$ 870.54	\$ 804.69	\$ 65.85