

Patient's Name	Mayo Clinic Number	Visit Number	Dates of Service
Mr. Bill Smith	1-433-331	1802	05/06/03 - 05/07/03

Please refer to patient's name, Mayo Clinic number and visit number on all correspondence.

Billing Account Number: 1-222-222

Statement Date: May 15, 2003

Addressee

MR. BILL SMITH
2009 ANY STREET
ANYTOWN, AZ 55555-5555

Services Provided By

MAYO CLINIC SCOTTSDALE
13400 EAST SHEA BOULEVARD
SCOTTSDALE, AZ 85259

THIS IS NOT A BILL – THIS IS FOR YOUR INFORMATION ONLY

Important Information to Assist You

1. This Itemized Statement of Charges is for your information only. You will be receiving a Monthly Statement of Account (your bill) reflecting your financial responsibility. The visit number above will help you identify this specific visit on your Monthly Statement of Account.
2. Please review this statement carefully. If you have questions regarding this statement, please contact Patient Financial Services.

Patient Financial Services
Mayo Clinic Scottsdale
13400 East Shea Boulevard
Scottsdale, AZ 85259

Telephone 480-301-7033
Or 1-800-603-0558
8:00 a.m. to 5:00 p.m. MST
Monday through Friday

3. We have generated a claim for the following insurance company(ies):
Insurance A

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****Verify the insurance is correct and notify us of any changes.****

4. Please retain this Itemized Statement of Charges for your records.

The above sample resembles an actual statement that you will receive.

Legend

1. **Mayo Clinic Number:** The patient's personal identification number.
2. **Visit Number:** A number assigned to identify each episode of care. The number is used to track services and payments.
3. **Dates of Service:** These dates pertain to items listed.
4. **Billing Account Number:** The account number of the Billing Addressee (Guarantor) assigned to receive the bill. Refer to this number when contacting Mayo Clinic with questions.
5. **Primary Insurance Company:** The insurance company primarily responsible for payment of the claim.

Itemized Statement of Charges

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Date of Service	Service Code	Service Description	Amount
Mayo Clinic Services Provided at Mayo Clinic Scottsdale			
05/06/03	54555	BRIEF HISTORY & PHYSICAL EXAM	83.00
05/06/03	77767	XRAY CHEST PA AND LAT	91.00
05/07/03	32333	CBC WITH 5-PART WBC	35.50
05/07/03	44434	PROTEIN TOTAL, SERUM	24.00
Total Charges			233.50

Payment received will be reflected on your Monthly Statement of Account

Diagnosis Code(s): 715.97 715.37 729.5

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The above sample resembles an actual statement that you will receive.

Legend

- Mayo Clinic Number:** The patient's personal identification number.
- Visit Number:** A number assigned to identify each episode of care. The number is used to track services and payments.
- Dates of Service:** These dates pertain to items listed.
- Service Code:** A code used by insurance companies that defines the medical service provided.
- Diagnosis Code:** A code used to identify the reason for providing the service.