Keck Medicine of USC

MAIL RETURN ONLY PO BOX 8759 CORAL SPRINGS FL 33075-8759

0000022

T1 P1 *****AUTO**MIXED AADC 601 JOHN SMITH 123 FAKE STREET ANYTOWN, CA 12345

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Patient: John Smith

Account number: 622599722

Bill ID: 1438-5618-5567

Invoice printed: Sep 6, 2020

Difficulty paying your bill?

Visit pay.keckmedicine.org to learn about 0% interest payment plans and more ways to resolve your balance.

You owe \$1,050.00

You have three bills that are ready to pay. The total amount is due by **Sept 21, 2020**.

SEE BACK FOR DETAILS -

Total billed \$3,150.00

Amount covered - \$2,086.81

Already paid -\$13.19

Amount you owe \$1,050.00

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CUT AND SEND AREA BELOW

Ways to Pay



Online

Pay via desktop or mobile: pay.keckmedicine.org

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Phone or Mail

Call toll-free 24/7: 1-855-532-5729

Mail check or money order with the lower portion of your bill to the address shown on the reverse side of this bill. Do not send cash.

Need Help?



Call toll-free (M-F, 8am-6pm): 1-855-532-5729



Email us at:

pfscustomerservice@med.usc.edu



Your visit with Aubrey Santos MD

Service dates: Jan 10, 2020

Department: Endocrinology

Due date: Sept 21, 2020

ID: 000331909

Service category	Billed	Amount covered	You owe
Office visit	\$245.00	- \$221.81	\$23.19
	Subte	otal billed	\$245.00
	Insur	ance covered	- \$221.81
	You	owe	\$23.19



Your visit to Keck Hospital of USC

Service dates: Jun 17, 2020 Department: Emergency Services

Due date: Sept 21, 2020

ID: 4470967

Service category	Billed	Amount covered	You owe
Implantation of contraceptive hormone pellets	\$325.00	- \$304.47	\$20.53
Jnclassified drug for injection or infusion	\$1,080.00	- \$830.53	\$249.47
	Subt	otal billed	\$1,405.00
	Insur	ance covered	- \$1,135.00
	You	owe	\$270.00

Continued on next page



CUT AND SEND AREA BELOW

Keck Medicine of USC

MAKE CHECK PAYABLE & MAIL TO: Keck Medicine of USC File 749303 Los Angeles, CA 90074-9305

Account Holder
Account Number
Bill Amount

John Smith 622599722 \$1,050.00





Your visit to USC Verdugo Hills Hospital

Service dates: Jun 17, 2019 Department: Emergency Services Due date: Sept 16, 2020 ID: 232999001

Service category	Billed	Amount covered	You owe
Emergency Room	\$1,500.00	- \$730.00	\$770.00
	Subtotal billed		\$1,500.00
	Insur	ance covered	- \$730.00
	You	owe	\$770.00

Your bill summary



Total billed \$3,150.00
Insurance covered -\$2,086.81
Already paid -\$13.19
Amount you owe \$1,050.00



Physician services

These are charges for the services provided by a physician or other healthcare provider during your visit.



Hospital services

These are charges for using the hospital as a facility, including rooms and beds, medical supplies, equipment and pharmacy fees.

The charges above are a summary of your bill. To view more details of your bill (eg. service codes) visit **pay.keckmedicine.org** or scan the QR code with your camera phone





About your statement

Billing policy

If the insurance company denies anything as non-covered, experimental or patient responsibility, then payment becomes the patient's responsibility. If more than forty-five (45) days have lapsed since our initial bill was submitted to your insurance company and we have not yet received payment, please contact your insurance company to expedite processing of the claim(s).

Collections policy

Any part of a patient's account, not estimated to be covered by insurance, is due at the time of service or upon discharge. Reasonable payment arrangements can be made. If you are unable to meet your financial obligation, please contact our office to discuss Financial Assistance. Our patient Financial Service department is available to assist you Monday-Friday, 8:00 am-5:00 pm Pacific Standard time at (855) 532-5729. Accounts unpaid after 150 days may be assigned to an outside collection agency.

Questions regarding disallowed or non-covered charges should be directed to the patient's insurance company.

Financial Assistance

Financial Assistance may be available if you are uninsured or have exhausted your insurance benefits and/or cannot afford to pay your bill. Please contact customer service representatives or visit our website for more information about our Financial Assistance Policy and how Keck Hospital of USC calculates the Amount Generally Billed. A copy of the Financial Assistance Policy, application form and plain language summary of the policy can also be obtained from the Customer Service Department.

Call us at (855) 532-5729

More information at: pay.keckmedicine.org/ financialassistance

We offer a variety of payment programs, as well as Financial Assistance. If you are unable to meet your financial obligation, please contact our office to discuss payment terms. Our Customer Service department is available to assist you Monday - Friday, 8:00 a.m. - 5:00 p.m. Pacific Standard Time at (855) 532-5729.

Financial Disclaimer

State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 am or after 9:00 pm. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (382-4357) or online at www.ftc.gov.