

P.O. BOX 939040 SAN DIEGO, CA 92193-9040

Pay online and go paperless at sharp.com/billing

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1 JANE DOE 4000 RUFFIN RD STE D SAN DIEGO CA 92123-1800



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2 Sharp HealthCare number: 999-999-999 Visit number: 09-99999999 3

If paying by mail, include credit card information on reverse side, or make check payable and remit to:

Sharp Coronado Hospital 6 File #748424 Los Angeles, CA 90074-8424

Payment due: 9/2/20

Total due: \$9,865.68

CUT AND RETURN THE TOP PORTIO

This statement is for your visit to **Sharp Coronado Hospital**.

We're here to help

We appreciate the opportunity to care for you. Our records show you applied for Medi-Cal or County Medical Services (CMS). It is critical you complete and submit your application, keep all appointments and send in all information that Medi-Cal or CMS requests. 7 Primary insurance Notify Sharp HealthCare as soon as you receive your proof of eligibility. The total amount due for services rendered is your financial responsibility.

Pay online anytime

Visit sharp.com/billing to pay online and learn how to get financial assistance.

Pay by phone or contact us

858-499-2400 Monday through Friday, 8 am to 6 pm First and third Saturdays, 8 am to noon Closed Wednesday, 1:30 to 3:30 pm

Blue Cross Blue Shield

8 Secondary insurance

Secure Horizons Part D Supplemental

To update your insurance, please call us, use the form on the back or visit sharp.com/billing.

Charges are for hospital services only. You may receive separate statements for other services or from doctors who treated you in the hospital.

9 Patient name: John Doe



10	Summary of Patient Services			Account Summary	
	Pharmacy	\$16,473.72	11	Service date	04/17/15 to 04/17/15
	Endoscopy	\$11,070.00	12	Type of service	Emergency-Op
	Emergency Care Services	\$6,444.00	3	Visit number	09-9999999
	Laboratory Services	\$3,135.00	13	Billed/total charges	\$13,154.24
	Special Services	\$1,386.00	14	Adjustments	-\$3,288.56
	Therapy Services	\$954.00	15	Insurance payments	\$0.00
	Total charges	\$39,462.72	16	Patient payments	\$0.00
			5	Total due	\$9,865.68





Understanding your bill

This statement represents hospital charges only.

- **Guarantor name:** The person or party financially responsible for services provided to the patient.
- **Sharp HealthCare number:** The unique identifier assigned to each patient at Sharp HealthCare.
- Visit number: The unique identifier assigned to each new encounter with your provider.
- Payment due: The date on which payment of your balance is due.
- **Total due:** The outstanding amount due on your account after insurance has processed the claim. If you feel the amount is inaccurate, please contact your health insurance company. If you can't pay this balance in full, visit sharp.com/ billing to learn about eligibility for a payment plan.
- If paying by mail, make payment payable and send to this name and address.
- **Insurance information:** If listed, this is your primary insurance we have on file.
- **Secondary insurance:** If listed, this is your secondary insurance we have on file.
- Patient name: The person treated at the clinic or who had lab work completed.
- **Summary of Patient Services:** Summary of services provided to the patient.
- **Service date:** The date or range of dates you were treated. Ranges of dates may mean you had multiple tests performed over several days. We can provide you with an itemized list of charges for all hospital services.
- **Type of service:** The classification of care provided to the patient (i.e. outpatient, inpatient, emergency).
- Billed/total charges: The amount billed to your insurance company or to you directly. Obtain an itemized list of billed charges by contacting us at sharp.com or 858-499-2400.
- **Adjustments:** Changes made to the amount you owe after applying payments from your insurance company.
- **Insurance payments:** The amount paid by your insurance company.
- Patient payments: The amount you have already paid for the services listed.