

HCFS Healthcare Financial Services, LLC  
 ALCOA BILLING CENTER  
 3429 REGAL DR  
 ALCOA TN 37701-3265

**DETACH AND RETURN THIS COUPON WITH THE REVERSE SIDE COMPLETED TO PAY BY CREDIT CARD, TO PROVIDE INSURANCE INFORMATION OR FOR CHANGE OF ADDRESS.**

Credit card charges will appear as "Team Health"

Patient Name: GEORGE P OJALA AMT DUE: \$77.15

PHYSICIAN SERVICES RENDERED AT: REDWOOD MEMORIAL HOSPITAL



53643898-507-3226  
 PS ▲ 0 0 0 4 8 6  
 GEORGE P OJALA  
 111 ORCHARD AVE  
 CARLOTTA CA 95528-9733

507  
 CHASE DENNIS EMERGENCY MEDICAL  
 DEPT: A  B  C  (check one - see reverse)  
 3429 REGAL DR  
 ALCOA TN 37701-3265



018000536438989034507833380322620000771560

↑ Detach Here ↑

DATE	INVOICE#	DESCRIPTION	PROVIDER	DEBITS	CREDITS
01/06/16	160032576	EDI AUTOMATIC MEDICARE/RR PAYMENT			\$94.69
01/06/16	160032576	CONTRACTUAL ADJUSTMENT			\$345.16

IF YOU ARE UNINSURED OR HAVE HIGH MEDICAL COSTS, PLEASE CONTACT OUR CALIFORNIA DISCOUNT REP AT 1-888-952-6772 FOR INFORMATION ON DISCOUNTS AND PROGRAMS FOR WHICH YOU MAY BE ELIGIBLE, INCLUDING THE MEDI-CAL PROGRAM. IF YOU HAVE COVERAGE, PLEASE TELL US SO THAT WE MAY BILL YOUR PLAN.

THIS IS YOUR PHYSICIAN SERVICES BILL AND IS SEPARATE FROM THE HOSPITAL BILL

**ACCOUNT NUMBER: 53643898-507-3226 STATEMENT DATE: 02/15/16 TOTAL NOW DUE: \$77.15**

HAVE YOU OVERLOOKED YOUR PAYMENT? YOUR ACCOUNT IS PAST DUE. TO AVOID FURTHER ACTION ON YOUR ACCOUNT, PLEASE MAIL YOUR PAYMENT TODAY OR VISIT OUR WEBSITE AT WWW.THBILLPAY.COM TO PAY BY CREDIT CARD.

For Billing Inquiries, call 888-952-6772 on Monday through Friday, from 8am to 8pm and Saturday from 10am to 3pm Eastern Time.  
**SEND US YOUR INFORMATION OVER THE WEB!**

You may now provide insurance information and make credit card payments at <http://www.thbillpay.com/>

↓ Detach Here ↓

**PAYMENT COUPON - RETURN WHEN PAYING BY CHECK OR MONEY ORDER**

PATIENT NAME: GEORGE P OJALA ACCT#: 53643898-507-3226 CHECK#: \_\_\_\_\_ AMT PAID: \_\_\_\_\_

PHYSICIAN SERVICES RENDERED AT: REDWOOD MEMORIAL HOSPITAL

**DO NOT STAPLE OR TAPE YOUR CHECK OR MONEY ORDER TO THIS COUPON**

CHECK HERE FOR CHANGE OF ADDRESS

**MAKE CHECKS PAYABLE TO:**

53643898-507-3226  
 George P Ojala  
 111 Orchard Ave  
 Carlotta CA 95528-9733

507  
 CHASE DENNIS EMERGENCY MEDICAL  
 PO BOX 740023  
 CINCINNATI OH 45274-0023

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# Your Claims for Part B (Medical Insurance)



Part B Medical Insurance helps pay for doctors' services, diagnostic tests, ambulance services, and other health care services.

Your provider has agreed to accept this amount as full payment for covered services. Medicare usually pays 80% of the Medicare-approved amount.

## Definitions of Columns

**Service Approved?:** This column tells you if Medicare covered the service.

**Amount Medicare Paid:** This is the amount Medicare paid your provider. This is usually 80% of the Medicare-approved amount.

**Amount Provider Charged:** This is your provider's fee for this service.

**Maximum You May Be Billed:** This is the total amount the provider is allowed to bill you and can include a deductible, coinsurance, and other charges not covered. If you have Medicare Supplement Insurance (Medicap policy) or other insurance, it may pay all or part of this amount.

**Medicare-Approved Amount:** This is the amount a provider can be paid for a Medicare service. It may be less than the actual amount the provider charged.

**July 03, 2016**

**Chase Dennis Emergency Medic, (707)546-3210**  
 PO Box 634718, Cincinnati, OH 45263-4718

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Dr. Bonales, Veronica, M.D.						
Emergency department visit, moderately severe problem (99283-AQ)	<b>NO-adjusted</b>	\$327.00	\$0.00	\$0.00	<b>\$0.00</b>	<b>A</b>
<b>Total for Claim #97-16347-900-327</b>		\$327.00	\$0.00	\$0.00	<b>\$0.00</b>	<b>B,C</b>

**Continued →**

## Notes for Claims Above

- A** This claim was adjusted because there was an error in billing.
- B** If you disagree with the Medicare-approved amount, you may ask for a reconsideration within 180 days of receipt of this notice. Call 1-800-MEDICARE if you need information on the reconsideration process.
- C** This adjustment has resulted in an overpayment to your provider/supplier. Your provider/supplier has been requested to repay \$49.67 to Medicare. You do not have to pay this amount.