

Keys To Understanding Your Michigan Heart Bill

NUMBERED AREAS POINT OUT WHERE IMPORTANT INFORMATION CAN BE FOUND ON OUR NEWLY FORMATTED STATEMENT.

STATEMENT EXPLANATIONS

- 1 Area to fill in when paying by credit card
- 2 Date statement was printed
- 3 Total guarantor portion due payable with this statement
- 4 Patient's account number
- 5 Area to write amount you will be paying at this time
- 6 Name and address of person recorded as responsible party for account (guarantor)
- 7 Date of services provided and dates of financial transactions
- 8 Description of services provided
- 9 Payments made by your insurance company
- 10 Payment made by patient/responsible party
- 11 Back of statement, please make any address or insurance changes here

1010100001098296

MAKE CHECKS PAYABLE TO:
MICHIGAN HEART
 5325 ELLIOTT DR
 SUITE 203
 YPSILANTI, MI 48197-8633

5311-9719

TEMP - RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES, PLEASE CALL: 734-712-8020

IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW.
 CHECK CARD USING FOR PAYMENT
 MASTERCARD VISA
 CARD NUMBER SIGNATURE CODE
 SIGNATURE EXP. DATE

STATEMENT DATE: 00/00/0000 PAY THIS AMOUNT: \$90.00 ACCT. #: 1234567

SHOW AMOUNT PAID HERE \$

ADDRESSSEE: **JOHN Q. PATIENT**
 123 N. MAIN STREET
 ANYTOWN, USA 12345-6789

REMIT TO: **MICHIGAN HEART**
 5325 ELLIOTT DR
 SUITE 203
 YPSILANTI, MI 48197-8633

5311-9719*1F20XMLVH000004

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	CPT CODE	DESCRIPTION	FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
John Q. Patient 00/00/0000	93010	1234567 Electrocardiogram - Interp Only	30.00	1.00	30.00	0.00	30.00
	00/00/0000	Payment from Medicare Part B Carriers	00.00	.00	0.00	0.00	0.00
John Q. Patient 00/00/0000	93010	1234567 Electrocardiogram - Interp Only	30.00	1.00	30.00	0.00	30.00
	00/00/0000	Payment from Medicare Part B Carriers	00.00	.00	0.00	0.00	0.00
John Q. Patient 00/00/0000	93010	1234567 Electrocardiogram - Interp Only	30.00	1.00	30.00	0.00	30.00
	00/00/0000	Payment from Medicare Part B Carriers	00.00	.00	0.00	0.00	0.00

ACCT BALANCE	INSURANCE BALANCE
\$90.00	\$.00

Reflects transactions posted through 00/00/0000

3 DUE FROM PATIENT
 >>>> \$90.00

FOR BILLING INQUIRIES, PLEASE CALL 734-712-8020
 MICHIGAN HEART, PC

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For answers to questions about your Michigan Heart Statement, please call a Patient Representative at (734) 712-8020.

Please keep a copy of itemized statements, as future statements may not include the details of the original.

Below is the back side of the statement. Please use this to inform us of any changes or corrections to your insurance information.

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE . . .

ABOUT YOU: From Previous Records	ABOUT YOU: For Current Records
YOUR NAME (Last, First, Middle Initial)	YOUR NAME (Last, First, Middle Initial)
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP
TELEPHONE () () ()	TELEPHONE () () ()
MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
EMPLOYER'S NAME	EMPLOYER'S NAME
TELEPHONE () () ()	TELEPHONE () () ()
EMPLOYER'S ADDRESS	EMPLOYER'S ADDRESS
CITY STATE ZIP	CITY STATE ZIP

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