

KEYS TO UNDERSTANDING THE PARTS OF YOUR STATEMENT



Carolina Family Care

1 Poston Road, Suite 350, Charleston, SC 29407-3431

Inquiries: Call (843) 792-6200 or (800) 868-5051
Monday-Friday 8:00am-5:00pm

PATIENT: JOHN DOE		STATEMENT DATE: 06/30/08	
MAKE CHECKS PAYABLE TO: CAROLINA FAMILY CARE			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER			
CARD NUMBER: _____			
EXP DATE: ___/___/___ SIGNATURE: _____			
ACCT # 4-000123456	AMOUNT OWED \$10.00	AMOUNT DUE NOW \$10.00	AMOUNT ENCLOSED

MAIL PAYMENT TO:

CAROLINA FAMILY CARE
PO BOX 600097
RALEIGH, NC 27675-6097

0300001234560000001000062320040

1 **JOHN DOE**
123 MAIN STREET
CHARLESTON, SC 99999-9999

Please review your insurance information on the reverse side, and notify us of any changes.

STATEMENT OF CFC PROFESSIONAL SERVICES

PAGE 1

ACCOUNT NUMBER: 4-000123456 (AS OF SEPTEMBER 2, 2008)
PATIENT NAME: JOHN DOE

THE FOLLOWING INVOICES DESCRIBE OUTSTANDING CHARGES FOR SERVICES RENDERED BY PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS AT CAROLINA FAMILY CARE. THE LEFT SIDE DESCRIBES THE SERVICES PROVIDED AND THE CHARGES FOR EACH SERVICE. THE RIGHT SIDE DESCRIBES PAYMENTS, ADJUSTMENTS AND THE AMOUNT YOU OWE. ANY HOSPITAL SERVICES WILL BE BILLED SEPARATELY.

INVOICE NUMBER: 9900001 CHARGES PROVIDER: AEL R BOOK MD KIAWAH ISLAND FAMILY MED 06/02/08 99214-EST PATIENT OFFICE VISIT LEVEL III..... \$126.00 TOTAL: \$126.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">PAYMENT ACTIVITY</th> </tr> <tr> <td>06/03/08 CLAIM SENT TO BCBS/STATE EMP</td> <td></td> </tr> <tr> <td>06/18/08 BLUE SHIELD PAYMENT/CONTRACTUAL</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">PAYMENT.....</td> <td style="text-align: right;">\$54.80</td> </tr> <tr> <td style="padding-left: 20px;">ADJUSTMENT.....</td> <td style="text-align: right;">\$61.20</td> </tr> <tr> <td>06/18/08 BALANCE TRANSFERRED TO PATIENT</td> <td></td> </tr> <tr> <td>AMOUNT DUE NOW.....</td> <td style="text-align: right;">\$10.00</td> </tr> </table>	PAYMENT ACTIVITY		06/03/08 CLAIM SENT TO BCBS/STATE EMP		06/18/08 BLUE SHIELD PAYMENT/CONTRACTUAL		PAYMENT.....	\$54.80	ADJUSTMENT.....	\$61.20	06/18/08 BALANCE TRANSFERRED TO PATIENT		AMOUNT DUE NOW.....	\$10.00
PAYMENT ACTIVITY															
06/03/08 CLAIM SENT TO BCBS/STATE EMP															
06/18/08 BLUE SHIELD PAYMENT/CONTRACTUAL															
PAYMENT.....	\$54.80														
ADJUSTMENT.....	\$61.20														
06/18/08 BALANCE TRANSFERRED TO PATIENT															
AMOUNT DUE NOW.....	\$10.00														

THANK YOU FOR SELECTING CFC PHYSICIAN SERVICES RENDERED BY CAROLINA FAMILY CARE. PLEASE REMIT PAYMENT IN FULL TODAY TO KEEP YOUR ACCOUNT CURRENT. INSURANCE CLAIMS WHICH ARE NOT PAID WITHIN 30 DAYS ARE YOUR PERSONAL RESPONSIBILITY.

ACCOUNT SUMMARY			
PATIENT PAYMENTS RECEIVED SINCE 05/31/04.	\$0.00	TOTAL ACCOUNT BALANCE	\$10.00
INSURANCE PAYMENTS RECEIVED SINCE 05/31/04. . .	\$54.80	LESS: AMOUNT PENDING WITH INSURANCE	\$10.00
		TOTAL AMOUNT DUE NOW.....	\$10.00

1	Name and address of person recorded as responsible for the account.
2	Patient's Billing Group #-account number and Patient's name.
3	Charges (Fees for services provided.)
4	Payment Activity (Amount of payment or adjustment, and insurance claim status.)
5	Name of physician who provided services.
6	Patient's portion to pay for each service.
7	Total balance owed by patient.
8	Total amount due and payable with this statement.
9	Box to fill in the amount you are paying.
10	Section to complete if you choose to pay by credit card.
11	Status of your account and other important messages.

Announcing a New Computer System

We are pleased to announce the activation of a new computer system for Carolina Family Care. This system will provide improvements in how patients are scheduled, registered, and billed. It is similar to the system used by University Medical Associates of MUSC.

The following is intended to help explain what you can expect from some typical kinds of medical encounters.

Physician Services

Physician fees for office visits vary according to the complexity of a patient's needs, diagnosis, and whether additional services, such as laboratory or radiological tests, are provided. CFC statements reflect services provided by physicians or their designated staff members. In some cases, you may not meet all of the physicians who have contributed to your care. Specialists may assist in your diagnosis or care by analyzing or interpreting test results for your physician. Fees for these services will also appear on your bill.

We Have a New Statement

The new computer system will also provide a new and improved billing statement. The new statement will list all services and diagnoses from your visit. You will receive statements monthly which will clearly show what balance, if any, is due.

Two Statements Are Possible

Beginning September 2008, all new services (and those not previously billed) will be processed through the new computer system and displayed on your new statement. For services processed through the old computer system, you will continue to receive the existing billing statement CFC has used over the past six years until outstanding items are resolved. We apologize for any inconvenience this may cause you during this period of transition.

Changes to Account Information

Please notify us if there is a change in your name, address or insurance information. You may indicate any changes in your information on the back of either billing statement you receive - new or existing - and return to our office in the envelope provided with your statement.

Payments

All payments are due upon receipt of your monthly statement(s). Please enclose your check, money order or credit card information, along with the appropriate portion/stub of the statement, in the envelope provided. If you are receiving two statements, please pay with separate checks or money orders and note the amount to be paid on each statement stub.

Cash payments are accepted at any CFC location or at the central office located at Parkshore Centre, 1 Poston Road, Suite 350, Charleston, S.C.

If you are unable to pay the full amount(s) required, please contact a Customer Service Representative to discuss a payment arrangement.

Questions?

Customer Service Representatives are available to answer your questions Monday through Friday from 8 a.m. to 5 p.m. at 843-792-6200 or 1-800-868-505 1.

Thank You

While adjusting to the new computer system, thank you for your patience during this period as we work to assist you and answer any questions you may have. Your comments and input have been instrumental in the development of this new bill format. In an effort to respond to your needs, CFC will continue to monitor your input, making changes as necessary.

Carolina Family Care
One Poston Road, Suite 350
Charleston, SC 29407
(843) 792-6200 or (800) 868-5051

Carolina Family Care



We Have
A New
Computer
System and
Billing
Statement

**To improve the way you
view our billing service.**