Billing Statement

Understanding Your Billing Statement

This sample billing statement explains the various items contained in your monthly billing statement. Please take a moment to review it and keep it handy for future reference.

Facility Information

1. Facility Name
2. Facility Address - For written inquiries concerning your account, please send them to the MCCR or Revenue Office at the facility address
3. Facility Phone Number - If you have question contact the phone number on the statement
4. Veteran Information (Address)
5. Payment Received Date - example -Payment received after 01/01/2006 will be reflected on your next statement. Explanation -If you sent your payment seven days before or any time after the date that appears HERE on YOUR STATEMENT the payment will show on your next statement.

Transaction Information

1. Patient Name
2. Account Number
3. Statement Date
4. Transaction Information

- Transaction Posted - ex. 10/28/2003 - This is the date the charge or payment was credited to your account. Note necessarily the date of your visit or fill date of your prescription.
- Description- contains payment transactions.
  Examples:
  -PAYMENT (IN FULL) (10/25/2003
  -PAYMENT (IN FULL) (11/06/2003)
  -COPAY RX: 986943A FD: 01/07/2004 DRUG: TRIAMCINOLONE ACETONIDE 0.1% CREAM QTY: 80 PHY: GEISEN, ALBERT L CHG: $7.00
  -COPAY RX: 1109133 FD: 01/07/2004
  DRUG: FLUTICASONE PROP 50MCG 120D NASAL DAYS: 30 QTY: 3 PHY: GEISEN, ALBERT L
  -COPAY RX: 986938B FD: 01/07/2004 DRUG: FOLIC ACID 1MG TAB DAYS: 90 QTY: PHY: GEISEN, ALBERT L CHG: $21.00
- Amount
- Billing Preference - contains the Bill Number. Refer to these billing numbers when asking about a charge on your statement.

Notes:

1. Payment in Full means the individual bill is paid in full. You may still owe a balance on other bills
2. The date next to the prescription drug is the date your prescription was filled
3. FD means Fill Date

Summary of Monthly Activities Information

- Previous Balance - amount owed from last statement
- Total Charges - new charges
- Total Credit Payment - amount paid by you and/or your insurance company
- Current Balance - your new balance

Payment Coupon Information - the bottom portion of the statement is your detachable payment coupon. This portion should be filled in and mailed along with your check (unless paying by a credit card) using the enclosed envelope. Please do not enclose letters, notes, or other material.

- Credit Card Number
- Expiration Date
- Account Number
- Statement Date
- Signature
- Amount Due
- Due Date - Due upon Receipt
- Amount of Payment