

## Billing Statement Jan 2010

### 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