



Understanding Your Patient Statement

Pondera Medical Center

PONDERA MEDICAL CENTER
PO BOX 758
CONRAD MT 59425-0758

A PATIENT NAME
JAMES DOE

B ACCOUNT NUMBER
012345

C RESPONSIBLE PARTY
JAMES DOE

D DATES OF SERVICE
01/13/09 - 01/13/09

E INSURANCE
MEDICAID OP CAH
MEDICAID ANESTHESIA

F JAMES DOE
123 4TH AVE SE
CONRAD MT 59425

G ADDRESS SERVICE REQUESTED
February 17, 2009

H 21-182-8

For Questions or Information, please call
(866) 256-2771
or visit www.ponderamedical.com

DATE OF SERVICE	DESCRIPTION	AMOUNT
G 01/13/09 - 01/13/09	H CURRENT HOSPITAL CHARGES	\$4280.00
I ASC	Patient Payment	J - \$0.00
	Amount Paid by Insurance	K - \$2670.42
	Insurance Contractual Adjustment	L - \$1600.58
	DUE FROM PATIENT: Please Pay This Amount	\$9.00

Your insurance has paid its portion.
Please remit the balance due today.

Thank You for choosing Pondera Medical Center for your health care!

Please return this portion with your payment (Allow 7-10 days for postal delivery)

M DUE DATE
March 13, 2009

N ACCOUNT NUMBER
012345 / JAMES DOE

O Please Pay This Amount
\$9.00

P Fill out below for credit card payments

AMERICAN EXPRESS DISCOVER MASTERCARD VISA VISA SIGNATURE

PLEASE PRINT OR CHECKED

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK. MAKE CHECK PAYABLE TO:

PONDERA MEDICAL CENTER
PO BOX 758
CONRAD MT 59425-0758

- A** Name of patient seen
- B** Account number assigned to the visit
- C** Name of the person responsible for payment
- D** Date(s) of patient visit
- E** Insurance information on file for the visit
- F** Name and address of person responsible for payment
- G** Date(s) of patient visit
- H** Current hospital charges as of statement date
- I** Type of service (see table below)
- J** Total amount paid by patient
- K** Total amount paid by insurance and total discount provided to insurance company
- L** Total amount due from patient
- M** Payment due date
- N** Account number and patient name
- O** Total amount due from patient
- P** Credit card authorization to pay (O) amount due
- Q** Statement date

Type of Service

Z1 Ambulance	MIT Intensive Care	PHL Phlebotomy
ASC Ambulatory Surgery	LAB Lab	PTO Physical Therapy
BDL Birthday Lab	MMM Mammogram	RTO Respiratory Therapy
BLD Blood Transfusion	MPU Med Pickup	SLE Sleep Study
CEX Cardiac Rehab	MAC Acute Care Adult	SAC Acute Care Surgical
CHE Chemo	NAC Nursery	SOT Adult Trauma
COL Colonoscopy	EXC Extended Care	KAC Pediatric Surgical
CTX CT Scan	OBS Observation	SWB Swing Bed
EKG Electro Cardiogram	OAC Obstetrical Care Inpatient	TIC Telemetry
XER Emergency Care	OBO Obstetrical Care Outpatient	USO Ultrasound
MED Med Series	OTO Occupational Therapy	XRO Radiology
ERO Other ER Procedure	PAC Acute Care Pediatric	
OHM Holter Monitor	KOT Pediatric Trauma	