

Welcome to Your UR Medicine Statement

When you visit a UR Medicine physician, hospital, clinic, lab, imaging or other location for care, you'll receive an easy-to-read monthly statement that summarizes your charges. This guide highlights what you'll see, and important differences, on UR Medicine and UR Medicine Affiliate billing statements.

UR Medicine Statement for Highland Hospital, Strong Memorial Hospital & University of Rochester Medical Faculty Group Services

Statement of Services

Highland Hospital • Strong Memorial Hospital
University of Rochester Medical Faculty Group

Statement Date
03/01/2022

Account Summary

Account Number	99999999
Payments Since Last Statement	\$ 0.00
Hospital Amount Due	\$ 50.00
Professional Amount Due	\$ 0.00
Total Account Balance	\$ 50.00
Minimum Amount Due by 03/23/22	\$ 50.00

How Your Payment is Applied

This bill may contain charges from more than one UR Medicine provider, or you may have an unpaid bill with Strong Memorial Hospital, Highland Hospital, and/or the University of Rochester Medical Faculty Group. If that is the case, we will apply your payment to your oldest outstanding balance first. This could result in partial payment of a bill. If you would like to direct to which balance your payment should apply, please call our office directly or make your payment via MyChart.

Insurance Information on File

Please confirm the information below is correct. If your insurance information has changed, please indicate your changes on the reverse side of the payment form.
Excelis Blue Cross Blue Shield 12/31/2021

Paying Your Bill: For your convenience, we offer three (3) options:

- Online: Pay your bill online via mychart.urmc.edu.
- Mail: Send your payment with the bottom portion of your bill in the enclosed envelope.
- Call: Pay by phone at (585) 758-7650 or toll free (888) 925-4301.

Please pay your bill in full for \$50.00 by 03/23/22.

If you've made a payment that is not shown on this statement, you may view the current balance of your account in MyChart's Billing Summary.

If you are insured and have out-of-pocket responsibility (deductible, coinsurance, copayment) that you cannot afford to pay in full, please contact our Customer Service Representatives at (585) 758-7650 or 1-888-925-4301.

Billing Questions? Please call us at (585) 758-7650 or toll free at (888) 925-4301, 8:00am - 6:00pm Mon - Fri.

Financial Assistance is available for UR Medicine patients who have difficulty paying their medical bills. For more information or to apply, please go to financialassistance.urmc.edu or call (585) 784-8989 and 1-800-257-7049.

Please See Reverse Side for Account Details

Please detach bottom portion and return with your payment in the enclosed envelope

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Guarantor: DOE, JOHN Date: 03/02/22

Make checks payable to UR Medicine
To pay by credit card (Visa, Mastercard, Discover) Use MyChart or paybill.urmc.edu

Account #	Amount Due by 03/23/22	Amount Paid
99999999	\$50.00	\$

Make Check Payable and Mail to:
UR Medicine
P.O. Box 21093
New York, NY 10087-1093

Thank You for Choosing UR Medicine

Check here if your address or insurance has changed. Please indicate your changes on the reverse side of this page.

DOE, JOHN
1234 MAIN ST
ROCHESTER, NY 14612

Billing questions? Please call us at (585) 758-7650 or (888) 925-4301

UR Medicine Affiliate Statement for Jones Memorial Hospital, Noyes Health, St. James Hospital & Thompson Health Services

Statement of Services

Jones Memorial Hospital • Noyes Health
St. James Hospital • Thompson Health

Statement Date
04/01/2022

Account Summary

Account Number	1234567
Payments Since Last Statement	\$ 4.00
Hospital Amount Due	\$ 0.00
Professional Amount Due	\$ 1,085.00
Total Account Balance	\$ 1,085.00
Minimum Amount Due by 11/30/21	\$ 1,085.00

How Your Payment is Applied

This bill may contain charges from more than one UR Medicine provider or hospital. Payment may be applied to your oldest outstanding balance first. That could result in a partial payment of your bill. To direct how your payment is applied, please make your payment via MyChart or call our office.

Insurance Information on File

Please confirm the information below is correct. If your insurance information has changed, please indicate your changes on the reverse side of the payment form.
Health Now
MVP Health Care

Paying Your Bill: For your convenience, we offer three (3) options:

- Online: Pay your bill online via mychart.urmc.edu.
- Mail: Include your payment with the bottom portion of your bill in the enclosed envelope.
- Call: Pay by phone at (585) 396-6515 or toll free 1-833-978-8325

Please pay your bill in full for \$1,085.00 by 11/30/21.

If you are insured and have out-of-pocket responsibility (deductible, coinsurance, copayment) that you cannot afford to pay in full, please contact our Customer Service Representatives at (585) 396-6515 or 1-833-978-8325.

Billing Questions: Please call us at (585) 396-6515 or toll free at 1-833-978-8325, 8:00am-1:30pm Mon-Fri

Financial Assistance is available for UR Medicine Affiliate patients who have difficulty paying their medical bills. For more information or to apply, please go to financialassistance.urmc.edu or call (585) 396-6515 or 1-833-978-8325.

Please See Reverse Side for Account Details

Please detach bottom portion and return with your payment in the enclosed envelope

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Guarantor: JOHN DOE Date: 04/01/22

Make checks payable to UR Medicine Affiliate Billing Office
To pay by credit card (Visa, Mastercard, Discover) Use mychart or paybill.urmc.edu

Account #	Amount Due by 04/30/22	Amount Paid
1234567	\$1,085.00	\$

Make Check Payable and Mail to:
UR Medicine Affiliate Billing Office
P.O. Box 21795
New York, NY 10087-1790

Thank You for Choosing UR Medicine

Check here if your address or insurance has changed. Please indicate your changes on the reverse side of this page.

JANE DOE
1234 W MAIN ST
BRONX, NY 10451

Billing questions? Please call us at (585) 396-6515 or 1-833-978-8325

A Care Organizations: Your UR Medicine billing statement summarizes charges from the organization(s) specified below the logo. You may receive more than one statement each month depending on where you received care.

B Online Patient Portal: MyChart is the most convenient way to pay your bill through either the online portal or mobile app. View statements, direct payments, set up payment plans and manage your billing preferences right from your MyChart account. *The color of this box – blue or purple – also distinguishes the UR Medicine statements and which care organizations' charges are included.*

C Account Number: Use your account number when making an online payment or when calling to speak with a service representative. This number should also be referenced on automatic bill payments.

D How Your Payment is Applied: Your oldest balance is paid first unless you direct your payment through MyChart or call to make a payment.

E Paying Your Bill: All of your payment options are listed. Please call the number on the statement for help or questions about that bill.

F Billing Website: Find information about UR Medicine billing, insurance, financial aid and our contact info, plus you can make online payments at www.paybill.urmc.edu. *The color of this box – yellow or purple – also distinguishes the UR Medicine statements and which care organizations' charges are included.*

G Mailing Address: Please mail your payment or direct an automatic bill payment (i.e. from a bank) to the address specified on the statement. Payments are received and deposited, and applied to your UR Medicine or UR Medicine Affiliates statement charges. *Please do not combine payments if you receive both statements – they must be paid separately to the specified address or the payment will not be applied correctly to your account.* *Please consider making payments through MyChart or online at paybill.urmc.edu to easily direct your payment while saving costs, time and energy.*



Statement of Services

UR Medicine Statement for Highland Hospital, Strong Memorial Hospital & University of Rochester Medical Faculty Group Services

UR Medicine Affiliate Statement for Jones Memorial Hospital, Noyes Health, St. James Hospital & Thompson Health Services

Statement of Services
(As of March 2, 2022)

Account # 909609999 - DOE,JOHN

Date of Service	Provider	Description of Services	Charge	Insurance Payments	Insurance Adjustments	Patient Payments	Amount You Owe
Highland Hospital							
Professional Charges							
06/24/21	Highland Hospital	HAIR # 400288899 Outpatient MRI Spinal Cord Pharmac	\$4,403.01				
			\$98.63				
07/21/21		Insurance Payment - Excellus		\$0.00			
10/13/21		Insurance Payment - Excellus		-\$634.01	\$4.39		
10/13/21		New York State Surcharge - Excellus			-\$196.30		
10/13/21		Insurance Adjustment - Excellus			-\$0.01		
07/30/21		Insurance Adjustment - Prima			-\$3,625.71		
08/11/21		Insurance Adjustment - Prima					
09/15/21		Insurance Payment - Prima		\$0.00			\$50.00
TOTAL			\$4,501.64	-\$634.01	-\$3,817.63	\$0.00	\$50.00

Hospital Balance	Professional Balance	Total Account Balance
\$50.00	\$0.00	\$50.00

IMPORTANT MESSAGES

Your account remains past due. Please remit your payment or contact us for payment options immediately to avoid further collections activity.

RESPONSIBLE PARTY (PRINT/TYPE NAME)
609099999 DOE,JOHN

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Statement of Services
(As of April 1, 2022)

Account # 1234567 - JANE DOE

Date of Service	Provider	Description of Services	Charge	Insurance Payments	Insurance Adjustments	Patient Payments	Amount You Owe
Jones Memorial Hospital							
Professional Charges							
03/06/22	Madente, Henry Castro	HAIR # 73004001094 Inpatient Initial Hospital Care/Day 20 Minutes	\$341.00				
03/06/22	Wahlgren, Brian	2023 Hospital Care/Day 23 Minutes	\$122.00				
03/06/22	Chadwick, Matthew	Emergency Department Walk High/Urgent Services	\$444.00				
03/15/22	Shah, Rita	Hospital Discharge Day - 135 Min Patient Payment - Thank You	\$180.00			-\$2.00	\$1,085.00
TOTAL			\$1,087.00	\$0.00	\$0.00	-\$2.00	\$1,085.00

Hospital Balance	Professional Balance	Total Account Balance
\$0.00	\$1,085.00	\$1,085.00

IMPORTANT MESSAGES

Thank you for choosing UR Medicine for your health care services. Payments are due in full upon receipt of your statement. If you have already sent your payment, please disregard this notice.
Statement inquiries and payments may be made through My Chart.

RESPONSIBLE PARTY (PRINT/TYPE NAME)
1234567 J,DOE

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- H Billing Cycle Date:** Your statement may include charges for care/services you received prior to this billing date, as well as older charges that have been processed by insurance and are now your responsibility to pay.
- I Description of Services:** This is the summary of all charges, in detail, as well as payments and insurance adjustments. Your statement includes all charges for care received at the locations shown on that statement, including hospitals, physician practices*, lab and imaging sites and Urgent Care centers.
**Thompson Health Primary Care not included.*

- J Separate Balance Boxes:** Your Hospital Balance and Professional Balance are shown separately from the total account balance.
- K Important Messages:** Watch this box for reminders and updates.