



35200-2612*S9N0AHUDR000022

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SCAL PHYSICIAN BILL FOR SERVICE DEDUCTIBLE PLAN

JOHN DOE 71234 MAIN ST ANYWHERE, CA 99999-4444	Statement Date: 01/02/2008 Guarantor Medical Record Number: 0000999999 Invoice Number: 000000	Guarantor Account Number: 9999999999
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DUE DATE	Amount You Owe
01/20/2008	\$10.00

Date	Patient's Name	Provider	Service Description	Charges	Payments/Adjustments	Balance
07/31/06	JANE DOE	JONES M.D, C.	OFFICE VISIT LOW-MOD	\$202.00		\$0.00
07/31/06	JANE DOE		PATIENT PAYMENT		-\$60.00	
09/12/06			KP PLAN BENEFIT PYMT		-\$0.00	
09/12/06			CONTRACTUAL ADJ		-\$142.00	
07/31/06	JANE DOE	JONES M.D, C.	LAB TEST	\$178.00		\$10.00
01/02/08			KP PLAN BENEFIT PYMT		-\$25.00	
01/02/08			CONTRACTUAL ADJ		-\$143.00	
Totals				\$380.00	-\$370.00	
				AMOUNT YOU OWE →		\$10.00
				Minimum Amount Due:		\$10.00

Thank you for choosing Kaiser Permanente for your health care needs.

If you received several types of services during an office visit, emergency room visit or an inpatient stay (for example, services for inpatient, outpatient hospital-based, pharmacy, physician, lab and/or x-rays), you may be billed separately for these services. Therefore, this bill may not include the entire amount you owe for these services.

Billing Questions?
Contact: Deductible Products Service Team
Hours of Operation: Monday - Friday, 7 AM to 5 PM
Phone: (800) 390-3507

Please see back of statement for important notices.

Please make check or money order payable to **Kaiser Foundation Health Plan**, detach coupon and return with your payment in the envelope provided.

35200-2612*S9N0AHUDR000022
2612SPD4

KAISER PERMANENTE.
 PO BOX 830913
 BIRMINGHAM, AL 35283-0913

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WRITE THIS GUARANTOR NUMBER ON YOUR CHECK		AMOUNT DUE
0000099999		\$10.00
GUARANTOR NAME		DUE BY
JOHN DOE		01/20/2008
CREDIT CARD USED FOR PAYMENT		EXP. DATE
<input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS		/ /
CARD NUMBER		
CARDHOLDER NAME		
SIGNATURE		AMOUNT PAID
		\$

RETURN SERVICE REQUESTED

DO NOT SEND CASH

0101

|||||
 JOHN DOE
 71234 MAIN ST
 ANYWHERE, CA 99999-4444

SEND PAYMENT TO:

KAISER FOUNDATION HEALTH PLAN, INC
 FILE 50445
 LOS ANGELES, CA 90074-0445

9900000000999999990000090000000009

Important Notices About Your Bill



This Bill for Services outlines health care services provided to you and your family and the amount you owe.

35200DPS (1/08)

Esta es información importante de **Kaiser Permanente** y se le solicita que tome una acción inmediata. Si necesita ayuda para entender esta información, sírvase llamar al **1-800-390-3507** y solicitar asistencia con el idioma. Encontrará ayuda de lunes a viernes, desde 7 a. m. hasta 5 p. m.

這是**Kaiser Permanente**發出的重要通知，要求您立即採取行動。如需有人幫助您理解本通知內容，請電洽 **1-800-390-3507**，請求獲得語言協助。每週星期一至星期五上午七時至下午五時可向您提供幫助。

Have questions about this bill?

Call us at **1-800-390-3507**, Monday through Friday, from 7 a.m. to 5 p.m., or write to us at:

**Kaiser Permanente
Deductible Products Service Team
P.O. Box 1059
Corona, CA 92878-1059**

Any services received or billed after the statement date will not appear on this statement.

* If your check is returned, it may be re-presented electronically. You authorize a \$25.00 service fee and processing fees, as permitted by state law, to be debited from the same account by paper draft or electronically, at our option.

* If you have health insurance coverage, Medicare, Healthy Families, Medi-Cal, or other coverage (and you did not provide that information to Kaiser Permanente at the time of service), please contact the Kaiser Permanente Deductible Products Service Team at 1-800-390-3507, Monday through Friday, 7am to 5pm. If you do not have health insurance coverage, you may be eligible for Medicare, Healthy Families, Medi-Cal, California Childrens' Services Program. You may obtain an application for the Medi-Cal program and the Healthy Families Program from the Financial Counseling Department at any Kaiser Permanente hospital.

* If you lack, or have inadequate, insurance and you meet certain income requirements, you may qualify for discounted payment or charity care from Kaiser Permanente. For more information about Kaiser Permanente's discount payment and charity care policies, and to apply for such assistance, please call the Medical Financial Assistance Program (MFAP) hotline at (866) 399-7696, Monday through Friday, 8am to 5pm.