

\*\*\* ELECTRONIC \*\*\*

**Your Medical billing statement  
for 04/19/2023 - 05/19/2023**Catherine Hockaday  
Bill date: 05/19/2023  
Account number: 50718240 **Pay online – it's easy!**Pay online at [healthy.kp.org/billpay](https://healthy.kp.org/billpay) or through the Kaiser Permanente mobile app. Or scan the code on the right.

Account balance: \$157.25

Past due charges: \$157.25

**Minimum amount due:**  
**\$157.25**

Due by: DUE UPON RECEIPT

 **Pay by mail**

Use the form below to send in your payment in the envelope provided.

**Have a question or need help paying?**

Call 1-866-478-0280 (TTY 711), Monday through Friday, 8 a.m. to 6 p.m. PT

 **Payment due now**We haven't received your payment. If you can't pay the full amount now, contact us to make arrangements. If you've already arranged for payment, ignore this notice. For more information, sign on to [kp.org/coverageandcosts](https://kp.org/coverageandcosts). **Pay by phone**

1-866-478-0280 (TTY 711), Monday through Friday, 8 a.m. to 6 p.m. PT

**Kaiser Permanente is here to help.**

If you are experiencing financial hardship at this time, you may be eligible for additional assistance.

Pay with a credit card, or write a check payable to Kaiser Permanente. Be sure to write your account number on your check.

*(Please do not send payment to this address)*  
Kaiser Permanente  
7201 N Interstate Ave  
Portland, OR 97217-5523Catherine Hockaday  
29470 SW BROWN RD  
APT 1  
WILSONVILLE, OR 97070

ELECTRONIC

Account number: 50718240

Minimum amount due: \$157.25

Amount paid: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp date: \_\_/\_\_/\_\_

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST  
PO BOX 840599  
LOS ANGELES, CA 90084-0599

00563190 0000000050718240 000015725 840599 6

Catherine Hockaday

Bill date: 05/19/2023

Account number: 50718240

## Questions and answers

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### What if I have a question about my medical bill?

Contact Kaiser Permanente if you have questions about your medical bill, including if:

- You didn't receive a service listed on your bill
- You don't see a service you received or payment you made
- You think you're due a refund
- Your health coverage has changed or you have other coverage

Call us at **1-866-478-0280**, weekdays, 8 a.m. to 6 p.m. Pacific time, or **write us at:**

Kaiser Foundation Health Plan of the Northwest  
Patient Financial Services  
7201 N. Interstate Ave.  
Portland, OR 97217

### What if I need help paying?

You may qualify for help through Kaiser Permanente's Medical Financial Assistance Program if you meet specific income requirements. For more information and to apply, visit [kp.org/mfa/nw](https://kp.org/mfa/nw) or call **1-866-478-0280** (TTY 711), weekdays, 8 a.m. to 6 p.m. Pacific time.

### Can I set up a payment plan?

To set up a payment plan or find out about payment options, visit [kp.org/coverageandcosts](https://kp.org/coverageandcosts) or call us at **1-866-478-0280** (TTY 711) weekdays 8 a.m. to 6 p.m. Pacific time.

### Need help in your language?

If you speak English, language assistance services are available to you free of charge. Call **1-800-324-8010** (TTY 711).

**Español (Spanish) ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-324-8010** (TTY 711).

**Русский (Russian) ВНИМАНИЕ:** если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-324-8010** (TTY 711).

Kaiser Foundation Health Plan of the Northwest complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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Catherine Hockaday

Bill date: 05/19/2023

Account number: 50718240

## Questions and answers

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### What if I have a question about my health plan benefits?

View information about your Kaiser Permanente plan benefits at [kp.org/coverageandcosts](https://kp.org/coverageandcosts), or call Member Services at 1-866-478-0280 (TTY 711), weekdays, 8 a.m. to 6 p.m. PT

### Will I be charged a service fee for a returned check?

Yes, you may be charged a minimum \$25 service fee for a returned check.

### I paid when I checked in for my appointment. Why did I get a bill later for additional charges?

If you receive any unscheduled services during your visit, what you paid at check-in usually won't cover your total costs. This is because the amount you pay when checking in is based on the services you're scheduled to receive. During your visit, your doctor may arrange for additional services (like a blood test or an X-ray), so the actual cost of your visit may be higher.

### I went in for a preventive care visit that was supposed to be provided at little or no charge. Why did I get a bill later?

During a preventive care visit, you may receive both preventive and diagnostic care services. If so, you may need to pay a copay or coinsurance for the diagnostic treatment or services. For example, during a routine physical exam your doctor might decide that a mole needs to be removed for testing. Because mole removal and testing are considered diagnostic, you'd probably have to pay a copay or coinsurance for these services. Visit [kp.org/mybenefits](https://kp.org/mybenefits) to estimate your costs for services.


### What if I have a health savings account?

If you have a health savings account (HSA), a health reimbursement arrangement (HRA), or a flexible spending account (FSA), keep this bill for reimbursement and tax purposes. You can visit [kp.org](https://kp.org) to view your past medical bills, services you've received, and health payment account information.

Your **Medical** billing statement  
for 04/19/2023 - 05/19/2023

Catherine Hockaday  
Bill date: 05/19/2023  
Account number: 50718240

### Here's a summary of the charges for each service

 For a detailed itemization of charges call us at 1-866-478-0280.

#### Catherine Hockaday

Date	Description	Charges	Payments/ Adjustments	You paid	You owe
Professional Visit Account #: 19094076582					
01/05/2023	Tanasbourne Regional Contact Center  Provider: Van Ert, Timothy, MD  Physician assessment telephone call	\$185.00	-\$27.75		\$157.25 Past Due
<b>Catherine Hockaday Total:</b>		\$185.00	-\$27.75	\$0.00	\$157.25

	Charges	Payments/ Adjustments	You paid	You owe
<b>Grand Total:</b>	\$185.00	-\$27.75*	\$0.00	\$157.25

\*The total dollar amount in this column shows a discount we're giving you to help you with the cost of care, since you currently don't have insurance. It's part of our commitment to making health care more affordable for everyone. Your discount amount for this bill is -\$27.75.

# Here's how to read your new bill

Your bill date, billing account number, and the date range for your statement period

Convenient ways to pay or get help – or an autopay reminder if you're enrolled

Convenient ways to get more information about your charges

The total owed by the patient

Location where services were rendered

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**KAISER PERMANENTE.**

**Andrew Smith**  
Bill date: 04/01/2023  
Account number: 22222222

**1** Your Medical billing statement for 03/01/23-04/01/23

**2** Account balance: \$1,065.00  
Past due charges: \$25.00  
New charges: \$15.00  
Payment plan due: \$100.00  
Minimum amount due: **\$140.00**  
Due by: 05/01/23

**3** Pay online – it's easy!  
Pay online at [healthy.kp.org/billpay](https://healthy.kp.org/billpay) or through the Kaiser Permanente mobile app. Or scan the code on the right.

Pay by mail  
Use the form below to send in your payment in the envelope provided.

Pay by phone  
1-866-478-0280 (TTY 711), Monday through Friday, 8 a.m. to 6 p.m. Pacific time.

Have a question or need help paying?  
Call 1-866-478-0280 (TTY 711), Monday through Friday, 8 a.m. to 6 p.m. Pacific time.  
You can set up a payment plan at [kp.org/coverageandcosts](https://kp.org/coverageandcosts).

**4** Action required  
You established a payment plan for \$100.00 per month. Additional charges not included in your payment plan are reflected in your bill. If you can't pay the full amount now, please update your payment arrangements by signing in to [kp.org/coverageandcosts](https://kp.org/coverageandcosts).

**5** Kaiser Permanente is here to help.  
If you are experiencing financial hardship at this time, you may be eligible for additional assistance.

Your account summary and payment due date

A phone number to call with any billing questions

Important information about your account

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**KAISER PERMANENTE.**

**Andrew Smith**  
Bill date: 04/01/2023  
Account number: 22222222

**6** Here's a summary of the charges for each service  
For a detailed itemization of charges call us at 1-866-478-0280.

Andrew Smith					
Date	Description	Charges	Payments/adjustments	You paid	You owe
11/13/2022	Gateway Medical Office Provider: Johnson, M Well Visit, Adult	\$898.00	-\$853.00		\$25.00 Past Due
11/13/2022	Patient Payment (At Check-in)			-\$20.00	
02/08/2023	Laboratory Services	\$166.00	-\$151.00		\$15.00 New Charge
<b>Total for Andrew Smith:</b>		\$1,064.00	-\$1,004.00	-\$20.00	\$40.00

Beth Smith					
Date	Description	Charges	Payments/adjustments	You paid	You owe
08/15/2022	Sunnyside Medical Center Emergency Room, General	\$29,505.30	-\$28,505.30		\$1,000.00 Payment Plan
<b>Total for Beth Smith:</b>		\$29,505.30	-\$28,505.30	-\$0.00	\$1,000.00

Grand Total:					
Charges	Payments/adjustments	You paid	You owe		
\$30,569.30	-\$29,509.30*	-\$20.00	\$1,065.00		

**7** The name of the patient who received services

**8** Total for Andrew Smith: \$1,064.00 - \$1,004.00 = -\$20.00 = \$40.00

**9** A summary of charges for the patient, including any past due amounts, new charges, or charges on a payment plan (if applicable)

**10** Sunnyside Medical Center  
Emergency Room, General

**11** Charges, payments, adjustments, and the total owed by all patients

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## Definitions

**Bill date:** The date your medical bill was generated.

**Charges:** The total cost of the services you received. This is the amount before any health plan coverage is applied.

**Due by:** The date payment is expected for this medical bill.

**Hospital account #:** The number used to track the costs from your visit to a hospital location. This includes things like nurse care, lab tests, X-ray, and any special equipment or supplies you used while you were there.

**New charge:** A charge that's appearing on your bill for the first time for services received.

**Past due:** An amount from a previous billing statement that hasn't yet been paid.

**Payment plan:** An amount that's part of a payment plan that you've set up with Kaiser Permanente to pay off outstanding charges over time.

**Payments/adjustments:** The amount your health plan coverage paid for the services you received, as well as any discounts or adjustments provided by Kaiser Permanente.

**Professional account #:** The number used to track the costs from your visit to a healthcare professional.

**You owe:** The remaining balance that you're responsible for after prior payments and adjustments have been applied.

**You paid:** The amount you've paid towards a specific hospital or professional visit.