

2 **Your Account Status**  
Your health insurance has been billed correctly and the remaining coinsurance is your responsibility.

3 **Payment Due**  
**\$15.58**  
Due Upon Receipt

**Choose a Payment Method**

- 4 **Pay Online Recommended**  
Make a secure online payment: [www.quickpayportal.com](http://www.quickpayportal.com)  
QuickPay Code: RSRT - 7GM5 - TXC1 - FRK
- 5 **Mail Payment**  
Mail your payment with the coupon below.  
Make checks payable to: RIVERCHASE DERMATOLOGY.  
Please include your account # on the check.

6 **Questions?** Have a question about your balance, or need to update your insurance information with us? Call 2393132517


**Thank you for choosing RIVERCHASE DERMATOLOGY**

8 Thank you for your prompt payment. With a Patient Portal account, you can opt into paperless statements, pay your bill online, review recent lab results, send messages to your practice, and more. Visit <http://www.riverchasedermatology.com> and click Patient Portal to register today! Pay your bill online with a credit card. Visit [www.quickpayportal.com](http://www.quickpayportal.com) to make a payment.

7 **Enjoy the ease and security of paperless statements. Sign up today on the Patient Portal:**  
<https://11476-1.portal.athenahealth.com/>

*detailed summary* ➤

Detach this coupon and return with your payment.




RIVERCHASE DERMATOLOGY  
PO BOX 14099  
BELFAST ME 04915

**Pay Online At QuickPay**

9 [www.quickpayportal.com](http://www.quickpayportal.com) | QuickPay Code: RSRT-7GM5-TXC1-FRK

Due Date	Patient Account #
Upon Receipt	123456A11476
Amount Due	Amount Enclosed
<b>\$15.58</b>	

Make checks payable: RIVERCHASE DERMATOLOGY. Please include your account # on the check and use the return envelope provided for faster processing.



RIVERCHASE DERMATOLOGY  
ATTN # 15852W  
PO BOX 14000  
BELFAST ME 04915-4033



10  Check box if insurance or patient information has changed. Please indicate change on reverse side.

## 11 FREQUENTLY ASKED QUESTIONS

### Your Statement

#### Why am I receiving this statement?

You are receiving this statement because either you or a dependent received services from a provider in our medical group. Services from providers that are not affiliated with our medical group are not included.

#### Why am I getting a bill from a provider whom I didn't see?

You may not meet all providers who assist with your care. For example, you may not have met the physician who supervises the nurse practitioner that assessed you, or the pathologist who reviewed your lab results.

### Your Balance

#### Why don't I see my previous payment in this statement?

This statement includes only the outstanding charges on your account. If your previous payment was towards a charge that is no longer outstanding, you will see your previous payment and the closed charge on the first statement that is sent after the payment is processed, but not on subsequent statements.

#### Was my insurance billed and did they pay correctly?

If your insurance information was on file with our office, this statement reflects the contributions from your insurer. You should receive an explanation of benefits from your insurer explaining the remaining balance. Please contact your insurer if you have questions about your insurance eligibility, coordination of benefits, or why a service was not covered.

#### What do Copay, Deductible, Coinsurance, and Misc. next to my outstanding balances mean?

These terms indicate why you owe a balance and are related to your insurance coverage.

- **Copay** - the set amount you must pay for a health care service.
- **Deductible** - the amount you must pay for health care before your insurance benefits take effect.
- **Coinsurance** - the percentage of health care costs you must pay once your insurer covers its share. Coinsurance typically goes into effect once the deductible has been reached.
- **Misc.** - refers to other reasons you may owe a balance, such as a service not being covered by your insurer.

#### Why am I being billed twice for the same service?

If you received care in a hospital setting or clinic, you may be billed for both professional and facility fees, and you may see two charges for the same service. Professional fees are related to the time your caregiver spends treating you during your visit. Facility fees are for the use of the healthcare facility, equipment, supplies, and staff supporting your provider.

### Making a Payment

#### How do I make a payment?

Please see the reverse side of this statement for more information about payment methods.

#### What if I can't pay my balance?

If you are unable to pay your balance, please contact our office as soon as possible so that we can discuss payment arrangements with you.

## 12

If your information has changed, please indicate changes below and **check the box on the reverse side of this page.**

### Patient Information

Your Name (Last, First, Middle Initial)	Date of Birth
Address	
City	State                      Zip
Telephone	
(      )	
Social Security #	
Employer's Name	Telephone
(      )	
Employer's Address	
City	State                      Zip
Please Indicate if Applicable:	
<input type="checkbox"/> AUTO ACCIDENT	Date of Injury
<input type="checkbox"/> WORKER'S COMPENSATION	

### Insurance Information

Your <b>PRIMARY</b> Insurance Company's Name		
Primary Insurance Company's Address		
City	State	Zip
Policyholder Name	Date of Birth	Sex
Policyholder's ID Number	Group Plan Number	
Your <b>SECONDARY</b> Insurance Company's Name		
Secondary Insurance Company's Address		
City	State	Zip
Policyholder Name	Date of Birth	Sex
Policyholder's ID Number	Group Plan Number	

**RIVERCHASE DERMATOLOGY**

Guarantor Name **John E. Doe**  
 Patient Account # **123456A11476**  
 Statement Date **01/01/2018**

## Your Account Status

Your health insurance has been billed correctly and the remaining coinsurance is your responsibility.

Charges	<b>13</b> \$231.64
Previous Payments & Credits	-\$216.06
<b>Payment Due Upon Receipt</b>	<b>\$15.58</b>

**PROFESSIONAL FEES**

Charges for services rendered by a provider, such as an examination or explanation of results.

<b>14</b> Patient Name John Doe	<b>15</b> Provider Name Andrew T. Jaffe, MD	<b>16</b> Service Location Riverchase Dermatology - Ft. Myers
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<b>17</b> Date	<b>18</b> Description	<b>19</b> Charge Status	<b>20</b> Charges	<b>21</b> Payments/ Credits	<b>22</b> Patient Balance
12/12/2017	OFFICE OR OTHR OUTPATIENT VISIT FOR EVAL & MGMT OF ESTABLISHED PAT., WHICH		\$231.64		
12/20/2017	Insurance Payment: United Healthcare	Processed		-\$88.27	
12/20/2017	Insurance Adjustment: United Healthcare	Processed		-\$127.79	
	<i>Patient Balance - Coinsurance</i>				\$15.58
<b>TOTAL PATIENT BALANCE</b>					<b>23</b> <b>\$15.58</b>

Any dispute regarding this statement or any amounts due must be submitted in writing to:

P.O. Box 19000, Belfast, ME 04915-4085

Submitting payment in an amount less than the total on this statement shall not constitute an offer to settle any dispute, regardless of any accompanying communication.