

Your Hospital Bill

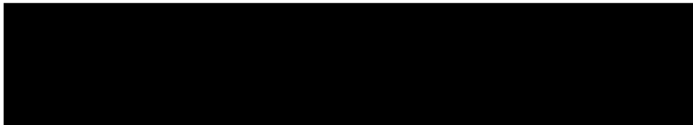
Your insurance carrier has processed your charges and the balance remaining is what they have determined to be your responsibility. Your payment in full would be appreciated at this time. Thank you!

PATIENT NAME	STATEMENT NO.	STATEMENT DATE	SERVICE DATE(S) From-Through	DUE DATE
LEE, KYUNGHEE	[REDACTED]	10/20/2020	08/31/2020 - 08/31/2020	11/03/2020



What is your next step?

Make a payment in full using one of the options to the right.



Make Payment in Full

Please pay in full at www.UHHospitals.org/PayMyBill or call 216-844-8299 or 1-800-859-5906.



Payment Plan

If you are unable to pay your bill in full, please call 216-844-8299 or 1-800-859-5906 to see if you qualify for a payment plan agreement.

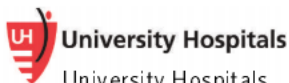


Financial Assistance

For information regarding eligibility and applying for University Hospitals' Financial Assistance Program, please review the Financial Assistance Program information on the back of the statement or online at www.UHHospitals.org/PayMyBill.

detailed summary on next page 

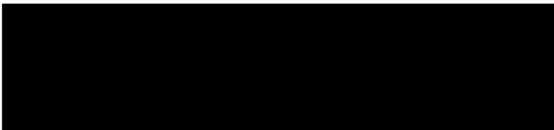
Detach this coupon and return with your payment.



University Hospitals
Customer Service Center
20800 Harvard Road
Highland Hills OH 44122-7202

 Pay online at www.UHHospitals.org/PayMyBill

KYUNGHEE LEE

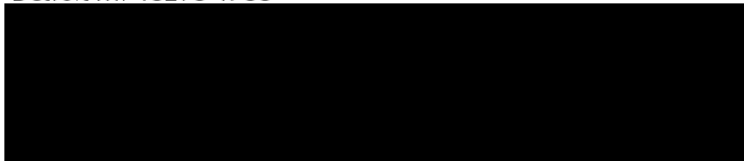


Check if address/insurance changes are on back.

IF PAYING BY CREDIT CARD		
CARD NUMBER	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER	
SIGNATURE	EXP DATE	
PATIENT'S NAME		STATEMENT NUMBER
LEE, KYUNGHEE		[REDACTED]
STATEMENT DATE	SERVICE DATE(S) From-Through	DUE DATE
10/20/2020	08/31/2020 - 08/31/2020	11/03/2020
PAY THIS AMOUNT	SHOW AMOUNT PAID HERE	
\$354.68		

PLEASE MAKE CHECKS PAYABLE TO:

UH Cleveland Medical Center
PO Box 781988
Detroit MI 48278-1988



Pay this amount
\$354.68

PATIENT NAME	STATEMENT NO.	STATEMENT DATE	SERVICE DATE(S) From-Through	DUE DATE
LEE, KYUNGHEE	[REDACTED]	10/20/2020	08/31/2020 - 08/31/2020	11/03/2020

ACCOUNT SUMMARY		INSURANCE INFORMATION	
Total charges	\$1,394.00	Primary Insurance	United HealthCare Medicare HMO
Insurance payments/adjustments	-\$1,039.32	Policy #	[REDACTED]
Patient Balance	\$354.68	Secondary Insurance	none
Amount due upon receipt	\$354.68	Policy #	none

YOUR TRANSACTION SUMMARY

PATIENT NAME: LEE, KYUNGHEE

SERVICE DATE	PLACE OF SERVICE	SERVICES DESCRIPTION	CHARGES	PAYMENTS & ADJUSTMENTS	BALANCE
08/31/2020	UHC Mentor Health Center 212	Ancillary Services	\$1,394.00	-\$1,039.32	\$354.68
		CLINIC	\$127.00		
		OPERATING ROOM SERVICES	\$1,262.00		
		PHARMACY/DRUGS	\$5.00		
		UNITED HEALTHCARE OH INSURANCE PAYMENTS		-\$41.89	
		UNITED HEALTHCARE OH INSURANCE ADJUSTMENTS		-\$997.43	
		PATIENT RESPONSIBILITY - CURRENT			\$354.68

Please refer to your insurance carrier's Explanation of Benefits for details regarding your responsible balance.

Pay this amount
\$354.68

QUESTIONS	FOR MORE INFORMATION
<p>If you have questions about your bill, payment plans or concerns, please call Customer Service at: 216-844-8299 or 1-800-859-5906. Our hours are Monday - Friday, 8:00AM - 5:30 PM.</p>	<p>To find out more information about your bill or health records, go to www.UHHospitals.org/myuhcare</p> 



INTRODUCING PAYMENTS MADE EASIER BY PHONE!

Introducing a new way to quickly and conveniently pay your University Hospitals and/or University Physician Services bill by using the phone and zip code information captured in our system.

Call University Hospital's at 216-844-8299 or 1-800-859-5906 to access our Interactive Voice Response (I.V.R.) to check balances and make payments by phone 24 hours a day, 7 days a week. By calling from the phone and the phone number you provided during the registration process, the IVR system will automatically recognize you.

You'll need **one** of the following to get started:

**Make the call from the number registered with University Hospitals and
your 5 digit zip code**

~ OR ~

**Enter the phone number connected with your University Hospitals services and
your 5 digit zip code**

When calling from the phone number that UH uses to contact you

- **PRESS OPTION ONE** to make a payment with our secure, free, automated system
 - The automated attendant will recognize you and ask you to **Press ONE** to confirm your phone number.
- **Or Press TWO** when calling from a phone number other than the registered contact number
- Enter your zip code to check balances and make quick and easy payments.

Get more information at www.UHHospitals.org/PayMyBill on how to have more flexibility and pay your bill through MyUHCare , including setting up automated payment plans.

*Now available for University Hospitals Cleveland Medical Center, University Hospitals Ahuja, Bedford, Conneaut, Geauga, Geneva and Richmond medical centers and ED, lab, radiology, pediatric, OB/ GYN, cardiology and surgery physician bills.

MAKE CHECKS PAYABLE TO:
 UHMP MENTOR INTERNAL MEDICINE
 ATTN # [REDACTED]
 PO BOX 14000
 BELFAST, ME 04915-4033

FOR ACCOUNT QUESTIONS CALL:
 216-383-0100
 DUE DATE: 01/09/2018
 PAGE: 1 of 3

DATE	DESCRIPTION	CHGS/CREDITS	OUTSTANDING
PATIENT: KYUNGHEE LEE			
07/28/2017	EXP. PROB. FOCUSED/LOW COMPLEXITY PROVIDER: ELISABETH ROTER MD	\$ 95.00	
08/16/2017	CREDIT INSURANCE ADJUSTMENT	\$ -25.20	
08/16/2017	CREDIT INSURANCE PAYMENT	\$ -55.61	
09/08/2017	CREDIT PATIENT PAYMENT - THANK YOU	\$ -14.19	
07/28/2017	SMALL JOINT INJECTION PROVIDER: ELISABETH ROTER MD	\$ 300.00	
08/16/2017	CREDIT INSURANCE ADJUSTMENT	\$ -207.59	
08/16/2017	CREDIT INSURANCE PAYMENT	\$ -73.63	
09/08/2017	CREDIT PATIENT PAYMENT - THANK YOU	\$ -18.78	
07/28/2017	INJECTION, TRIAMCINOLONE ACETONIDE, N PROVIDER: ELISABETH ROTER MD	\$ 16.00	
08/16/2017	CREDIT INSURANCE ADJUSTMENT	\$ -12.29	
08/16/2017	CREDIT INSURANCE PAYMENT	\$ -2.96	
09/08/2017	CREDIT PATIENT PAYMENT - THANK YOU	\$ -0.75	
12/01/2017	EXP. PROB. FOCUSED/LOW COMPLEXITY PROVIDER: ELISABETH ROTER MD	\$ 95.00	
12/21/2017	CREDIT INSURANCE ADJUSTMENT	\$ -25.20	

2 place ? 3

2 place

paid 1/3/18
#3811

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE	INSURANCE PENDING	CURRENT BALANCE DUE
29.14	0.00	0.00	0.00	0.00	29.14	0.00	29.14

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE	INSURANCE PENDING	CURRENT BALANCE DUE
29.14	0.00	0.00	0.00	0.00	29.14	0.00	29.14

CLOSING DATE:

MAKE CHECKS PAYABLE TO:
 UHMP MENTOR INTERNAL MEDICINE
 ATTN # [REDACTED]
 PO BOX 14000
 BELFAST, ME 04915-4033

FOR ACCOUNT QUESTIONS CALL:
 216-383-0100
 DUE DATE: 07/27/2017
 PAGE: 1 of 2

DATE DESCRIPTION CHGS/CREDITS OUTSTANDING
 PATIENT: KYUNGHEE LEE

04/24/2017 DETAILED/MODERATE COMPLEXITY \$ 140.00
 PROVIDER: JAMES SENFT MD
 05/04/2017 CREDIT INSURANCE ADJUSTMENT \$ -35.47
 06/01/2017 CREDIT PATIENT PAYMENT - THANK YOU \$ -104.53

06/20/2017 COMPREHENSIVE/MODERATE COMPLEXITY \$ 235.00
 PROVIDER: ELISABETH ROTER MD
 07/08/2017 CREDIT INSURANCE ADJUSTMENT \$ -77.24
 07/08/2017 CREDIT INSURANCE PAYMENT \$ -125.69

PATIENT BALANCE DUE - COINSURANCE

\$ 32.07
 Paid
 9/20/17
 #3745

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE	INSURANCE PENDING	CURRENT BALANCE DUE
32.07	0.00	0.00	0.00	0.00	32.07	0.00	32.07



MAKE CHECKS PAYABLE TO:
 UHMP MENTOR INTERNAL MEDICINE
 ATTN # [REDACTED]
 PO BOX 14000
 BELFAST, ME 04915-4033

FOR ACCOUNT QUESTIONS CALL:
 216-383-0100
 DUE DATE: 09/04/2017
 PAGE: 1 of 2

DATE DESCRIPTION CHGS/CREDITS OUTSTANDING
 PATIENT: KYUNGHEE LEE

06/20/2017	COMPREHENSIVE/MODERATE COMPLEXITY PROVIDER: ELISABETH ROTER MD	\$ 235.00	
07/08/2017	CREDIT INSURANCE ADJUSTMENT	\$ -77.24	
07/08/2017	CREDIT INSURANCE PAYMENT	\$ -125.69	
07/25/2017	CREDIT PATIENT PAYMENT - THANK YOU	\$ -32.07	
07/28/2017	EXP. PROB. FOCUSED/LOW COMPLEXITY PROVIDER: ELISABETH ROTER MD	\$ 95.00	?
08/16/2017	CREDIT INSURANCE ADJUSTMENT	\$ -25.20	
08/16/2017	CREDIT INSURANCE PAYMENT	\$ -55.61	
	PATIENT BALANCE DUE - COINSURANCE		\$ 14.19
07/28/2017	SMALL JOINT INJECTION PROVIDER: ELISABETH ROTER MD	\$ 300.00	
08/16/2017	CREDIT INSURANCE ADJUSTMENT	\$ -207.59	
08/16/2017	CREDIT INSURANCE PAYMENT	\$ -73.63	
	PATIENT BALANCE DUE - COINSURANCE		\$ 18.78
07/28/2017	INJECTION, <u>TRIAMCINOLONE ACETONIDE, N.</u> PROVIDER: ELISABETH ROTER MD	\$ 16.00	

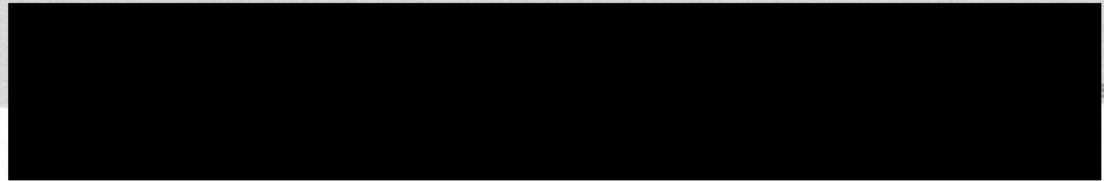
paid 9/5/17 # 3766

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE	INSURANCE PENDING	CURRENT BALANCE DUE
33.72	0.00	0.00	0.00	0.00	33.72	0.00	33.72



CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE	INSURANCE PENDING	CURRENT BALANCE DUE
33.72	0.00	0.00	0.00	0.00	33.72	0.00	33.72

CLOSING DATE:



Pay this amount
\$354.68

PATIENT NAME	STATEMENT NO.	STATEMENT DATE	SERVICE DATE(S) From-Through	DUE DATE
LEE, KYUNGHEE	[REDACTED]	10/20/2020	08/31/2020 - 08/31/2020	11/03/2020

ACCOUNT SUMMARY		INSURANCE INFORMATION	
Total charges	\$1,394.00	Primary Insurance	United HealthCare Medicare HMO
Insurance payments/adjustments	-\$1,039.32	Policy #	[REDACTED]
Patient Balance	\$354.68	Secondary Insurance	none
Amount due upon receipt	\$354.68	Policy #	none

YOUR TRANSACTION SUMMARY

PATIENT NAME: LEE, KYUNGHEE

SERVICE DATE	PLACE OF SERVICE	SERVICES DESCRIPTION	CHARGES	PAYMENTS & ADJUSTMENTS	BALANCE
08/31/2020	UHC Mentor Health Center 212	Ancillary Services	\$1,394.00	-\$1,039.32	\$354.68

CLINIC	\$127.00	
OPERATING ROOM SERVICES	\$1,262.00	
PHARMACY/DRUGS	\$5.00	
UNITED HEALTHCARE OH INSURANCE PAYMENTS		-\$41.89
UNITED HEALTHCARE OH INSURANCE ADJUSTMENTS		-\$997.43
PATIENT RESPONSIBILITY - CURRENT		\$354.68

Handwritten notes:

- TRAMCINOLONE Acetamide N. 128 - each one.
- office visit # 127.00
- injection - # 1.27.00
- facility -
- 10/28/20 Ms. Alexis - 10 US AM called to fix wrong doc charge
- Good records. (want to keep)
- This amount can't pay.

Pay this amount
\$354.68

Please refer to your insurance carrier's Explanation of Benefits for details regarding your responsible balance.

QUESTIONS For more information, visit www.UHHospitals.org/myuhcare or call 1-800-859-5906. Our hours are Monday - Friday, 8:00AM - 5:30 PM.

FOR MORE INFORMATION To find out more information about your bill or health records, go to www.UHHospitals.org/myuhcare

My UHCare

Past due amount
\$354.68

PATIENT NAME	STATEMENT NO.	STATEMENT DATE	SERVICE DATE(S) From-Through	DUE DATE
LEE, KYUNGHEE	[REDACTED]	11/19/2020	08/31/2020 - 08/31/2020	Upon Receipt

ACCOUNT SUMMARY		INSURANCE INFORMATION	
Total charges	\$1,394.00	Primary Insurance	United HealthCare Medicare HMO
Insurance payments/adjustments	-\$1,039.32	Policy #	[REDACTED]
Patient Balance	\$354.68	Secondary Insurance	none
Amount due upon receipt	\$354.68	Policy #	none

YOUR TRANSACTION SUMMARY

PATIENT NAME: LEE, KYUNGHEE

SERVICE DATE	PLACE OF SERVICE	SERVICES DESCRIPTION	CHARGES	PAYMENTS & ADJUSTMENTS	BALANCE
08/31/2020	UHC Mentor Health Center 212	Ancillary Services	\$1,394.00	-\$1,039.32	\$354.68
		UNITED HEALTHCARE OH INSURANCE PAYMENTS		-\$41.89	
		UNITED HEALTHCARE OH INSURANCE ADJUSTMENTS		-\$997.43	
		PATIENT RESPONSIBILITY - PAST DUE			\$354.68

ANGIE.

Please refer to your insurance carrier's Explanation of Benefits for details regarding your responsible balance. To view previous statements and payment history, please log on to your MyUHCare account. To sign up for a new MyUHCare account, please register in person at your nearest University Hospitals location.

Past due amount
\$354.68

QUESTIONS

If you have questions about your bill, payment plans or concerns, please call Customer Service at: 216-844-8299 or 1-800-859-5906. Our hours are Monday - Friday, 8:00AM - 5:30 PM.

FOR MORE INFORMATION



To find out more information about your bill or health records, go to www.UHHospitals.org/myuhcare



University Hospitals

University Hospitals Health System

P.O. Box 781988
Detroit, MI 482781988

Attending Physician: Elisabeth Sharon Roter
Principal Diagnosis: M79.643
Provider: UHHS UHC
Provider Tax ID #: [REDACTED]

Pt Name: KYUNGHEE LEE
Statement Number: [REDACTED]
Account Number: [REDACTED]
Bill Date: 12/10/2020
Birth Date: 01/02/1949

Detail for: OP UHC Ancillary Svcs

08/31/2020 – 08/31/2020

Date	Rev Cd	Svc Cd	Description	Qty	Amount (\$)
Charges					
08/31/2020	360	20600	Arthrocentesis asp/inj small joint/bursa wo US guide	2	1,262.00
08/31/2020	636	J3301	Triamcinolone Acetonide (Kenalog) per 10mg	1	5.00
08/31/2020	510	G0463	EP Visit level 3 HHVI	1	127.00
Payments/Adjustments					
10/20/2020			United HealthCare Oh Insurance Payment		-41.89
10/20/2020			United HealthCare Oh Insurance CSA - Remit W/O		-992.43
10/20/2020			United HealthCare Oh Insurance CSA - Remit W/O		-5.00
			<i>1034.32</i> Balance		\$354.68

Thank you for choosing UH Cleveland Medical Center to meet your recent health care needs. You are ultimately responsible for your account balance. Please make sure your billing information is accurate. If any of this information is incorrect, please contact Customer Service at (216)844-8299 or 1-800-859-5906 between 9:00 am and 4:00 pm.

YAKS
Called 12:45 P.M.
CALLED JAN 7th @ 1215
CIERA
UH Cleveland Medical Center
20800 Harvard Road
Highland Hills OH 441227202

Financial Coverages

Priority	Plan Name	Policy #	Subscriber
1	United HealthCare Medicare H	[REDACTED]	KYUNGHEE LEE

Guarantor: KYUNGHEE LEE

ADDRESS SERVICE REQUESTED

