


How To Read Your Bill

See Page 3 to learn how to read a bill for an account on a Payment Plan.

- 1 **Account Information**
The “guarantor” is the name and identifying account number of the person financially responsible for paying this account.
- 2 Here you’ll find messages that may be important or helpful to you.
- 3 **Guarantor Account Summary**
Here’s a summary of your account activity since your last statement.
- 4 The **Total Amount Owed** is the total amount owed to Aurora for all services received and billed up until and through this payment cycle.
- 5 **Payment Plan Information**
If you have a payment plan, the total balance and monthly amount due will be summarized here. See How to Read a Bill On a Payment Plan in this document for more information.
- 6 **Date Due**
“Now” means your payment is due as soon as you receive your bill.
- 7 **Amount Due Now**
This is the total amount you owe Aurora for this statement cycle. The **Amount Due Now** may be less than the **Total Amount Owed** if you’re on an active payment plan.
- 8 **Amount I am Paying**
If paying by mail, use this area to indicate how much you are paying.



PO Box 091700
Milwaukee, WI 53209-8700

Andy Anderson
1234 S Milwaukee St
Milwaukee WI 55555-5555

Statement of Hospital and Physician Services

Statement Date: 05/07/17 Page 1 of 3

Payment Options:
 Pay Online: aurora.org/billing
 Phone: 800-326-2250
 Mail: PO Box 809418 Chicago, IL 60680-9418

Account Information

1 **Guarantor Name: ANDERSON, ANDY**
Guarantor Account Number: 123456

2 Thank you for choosing Aurora Health Care for your health care needs!

Your Aurora bill has a new look! It's been re-designed because of your feedback. Have questions? View a sample bill at aurora.org/billing to see what common terms mean and learn how your bill is organized.


3 **Guarantor Account Summary**

Total Amount Owed		\$393.67
4 Charge, payment, and adjustment detail can be found starting on Page 3		
Payment Plan Information		
Monthly Amount:	\$0.00	
Payment Plan Balance:	\$0.00	
Overdue:	\$0.00	
Payment Plan Amount Due Now:	\$0.00	
Amount Due not on Payment Plan	\$393.67	
5 Amount Due Now	6 \$393.67	

Customer Care Hours: Monday - Thursday 7:30am - 6:00pm, Friday 7:30am - 5:00pm

- Please contact us for questions, or to discuss a possible payment plan or financial assistance based on need.
- Para español favor llamara a (866) 629-6033

Contact us: (800) 326-2250
customerservice@aurora.org



Statement Date 05/07/17

Account	Act #	6 Date Due
ANDERSON, ANDY	123456	Now
7 Amount Due Now	8 Amount I am Paying	
\$393.67	\$	

Make check payable to **Aurora Health Care**

AURORA HEALTH CARE
PO Box 809418
Chicago IL 60680-9418

Select One: Payment Enclosed or Choose Card Below:
 VISA MasterCard Discover American Express

Card # _____
Exp. Date _____
Print Cardholder's Name _____
Signature _____


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How To Read Your Bill

Continued

Here are the details behind the summary provided on page 1. These details can include...

- 1 Detail of Previous Service**
 This section describes the "amount due" from your last statement and any payment we recorded on your account since. To see more detail about these services, sign in to myAurora at aurora.org/billing to view past statements.
- 2 Detail of New Activity**
 This section describes the services you've received since your last statement. This section also reflects any payments you or your insurance company paid on this service.
- 3 Description**
 Here's where you can find an overview of your visit(s), including the date of the visit, the number associated with the visit, the name of the patient, and the name of the doctor.
- 4 Charges**
 Look here to see the amount(s) billed directly to you or your insurance company.
- 5 Payments/Adjustments**
 "Payments" refers to the amount you or your insurance company has already paid toward your bill. "Adjustments" refers to the amount by which your bill has been reduced based on your insurance contract or plan, or by any Aurora adjustment.
- 6 Balance Due**
 This is the amount you owe Aurora for this service.
- 7 Total Amount Owed to Aurora (As of this Statement)**
 This is the total amount you owe Aurora.

 This amount only includes services that have been processed by your insurance provider. Some services may still be pending and may not be reflected in this total or on this statement.


Statement Date: 05/07/17 Guarantor Account Number: 123456 Page 3 of 3

1 Detail of Previous Services					
Date of Service	Description	Charges	Payments/Adjustments	Balance Due	
Patient Name: ANDERSON, ANDY 03/22/17 000000000		Provider: ALPHA, ALPHA Location: AURORA ADVANCED HEALTHCARE SLINGER		6	
03/22/17	OFFICE/OUTPT VISIT	356.00			
04/07/17	HUMANA Payments		0.00		
04/07/17	HUMANA Adjustments		-140.59		
04/28/17	PAYMENT		-215.41		
	Patient Balance			\$0.00	
	Previous Services Balance Due			\$0.00	
2 Detail of New Activity					
Thank you for choosing Aurora Health Care. The full balance owed is due upon receipt. We appreciate your prompt payment.					
Date of Service	Description	Charges	Payments/Adjustments	Balance Due	
Patient Name: ANDERSON, ANDY 03/22/17 000000000		Provider: ALPHA, ALPHA Location: AURORA ADVANCED HEALTHCARE SLINGER		6	
03/22/17	COMPREHENSIVE METABOLIC PANEL	111.00			
03/22/17	VENIPUNC FNGR,HEEL,EAR	30.00			
03/22/17	LIPID PANEL	128.00			
04/11/17	HUMANA Payments		0.00		
04/11/17	HUMANA Adjustments		-164.48		
	Patient Balance			\$84.52	
Patient Name: ANDERSON, ANDY 03/30/17 000000000		Provider: ALPHA, ALPHA Location: AURORA ADVANCED HEALTHCARE HARTFORD		6	
03/30/17	RAPID STREP SCREEN	80.00			
03/30/17	INFLUENZA A & B (qty: 2)	156.00			
03/30/17	OFFICE/OUTPT VISIT	240.00			
04/17/17	HUMANA Payments		0.00		
04/17/17	HUMANA Adjustments		-166.85		
	Patient Balance			\$309.15	
	New Activity Balance Due			\$393.67	
7 Total Amount Owed to Aurora (As of this Statement)				\$393.67	

How To Read Your Bill

On a Payment Plan

- 1 **Account Information**
The "guarantor" is the name and identifying account number of the person responsible for paying the bill.
- 2 Here you'll find messages that may be important or helpful to you.
- 3 **Guarantor Account Summary**
Here's a summary of your account activity since your last statement.
- 4 The **Total Amount Owed** is the total amount owed to Aurora for all services received and billed up until and through this payment cycle.
- 5 **Payment Plan Information**
Monthly Amount: This is the amount you agreed to pay monthly when you set up your payment plan.
Payment Plan Balance: This is the current balance left on your payment plan – the amount you are paying off.
Overdue: This is the amount, if any, that's currently overdue on your payment plan.
- 6 **Payment Plan Amount Due Now**
This is the amount owed from all visits included on your payment plan.
- 7 **Amount Due not on Payment Plan**
This is the amount owed for visits not on a payment plan.
New visits are automatically added to your payment plan if you are in good standing on your plan, meaning you are up-to-date with your payments.
- 8 **Date Due**
"Now" means your payment is due as soon as you receive your bill.
- 9 **Amount Due Now**
This is the total amount you owe Aurora for this statement cycle. This amount may be less than the Total Amount Owed when you're on an active payment plan.
- 10 **Amount I am Paying**
If paying by mail, use this area to indicate how much you are paying.



Aurora Health Care®
PO Box 091700
Milwaukee, WI 53209-8700

Andy Anderson
1234 S Milwaukee St
Milwaukee WI 55555-5555

Statement of Hospital and Physician Services

Statement Date: 05/07/17 Page 1 of 3

Payment Options:
 Pay Online: aurora.org/billing
 Phone: 800-326-2250
 Mail: PO Box 809418 Chicago, IL 60680-9418

Account Information

Guarantor Name: ANDERSON, ANDY
Guarantor Account Number: 123456

Guarantor Account Summary

Total Amount Owed	\$2,038.75
<i>Charge, payment, and adjustment detail can be found starting on Page 3</i>	
Payment Plan Information	
Monthly Amount:	\$250.00
Payment Plan Balance:	\$2,038.75
Overdue:	\$0.00
Payment Plan Amount Due Now	\$250.00
Amount Due not on Payment Plan	\$0.00
Amount Due Now	\$250.00

Thank you for choosing Aurora Health Care for your health care needs!

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- Please contact us for questions, or to discuss a possible payment plan or financial assistance based on need.
- Para español favor llamara a (866) 629-6033

Contact us: (800) 326-2250
customerservice@aurora.org

Account	Acct #	Date Due
ANDERSON, ANDY	123456	Now
Amount Due Now	\$250.00	Amount I am Paying
		\$

Select One: Payment Enclosed or Choose Card Below:

VISA MasterCard Discover American Express

Card # _____
Exp. Date _____
Print Cardholder's Name _____
Signature _____

Make check payable to **Aurora Health Care®**

AURORA HEALTH CARE
PO Box 809418
Chicago IL 60680-9418

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How To Read Your Bill

On a Payment Plan – Continued

1 Here are the details behind the summary provided on page 1. These details can include...

Detail of Previous Services

This section describes the "amount due" from your last statement and any payment we recorded on your account since. To see more detail, sign in to myAurora at aurora.org/billing to view past statements.

Detail of New Activity

This section describes the services you've received since your last statement. This section also reflects any payments you or your insurance company paid on this service.

Detail of Payment Plan

Here is a list of all of the services associated with your payment plan. To see more detail, sign in to myAurora at aurora.org/billing to view your past statements.

i New visits are automatically added to your payment plan if you are in good standing on your plan, meaning you are up-to-date with your payments.

⚠ If your payment plan is past due, new services will not be included in your payment plan and some or all of your charges owed could be referred to an outside collection agency. Please contact us today at (800)326-2250 to resolve this matter.

2 **Description**
Here's where you can find an overview of your visit(s), including the date of the visit, the number associated with the visit, the name of the patient, and the name of the doctor.

3 **Charges**
Look here to see the amount(s) billed directly to you or your insurance company.

4 **Payments/Adjustments**
"Payments" refers to the amount you or your insurance company has already paid toward your bill. "Adjustments" refers to the amount by which your bill has been reduced based on your insurance contract or payment by you or Aurora adjustment.

5 **Balance Due**
This is the amount you owe Aurora for this service.

6 **Total Amount Owed to Aurora (as of this Statement)**
This is the total amount you owe Aurora.

⚠ This amount only includes services that have been processed by your insurance provider. Some services may still be pending and may not be reflected in this total or on this statement.

Statement Date: 05/07/17 Guarantor Account Number: 123456 Page 3 of 3

1 **Detail of Payment Plan**

You currently have a payment plan with Aurora that is in good standing. New charges will automatically be added to your plan as long as the agreed upon payment amount is made by the scheduled due date. Failure to pay as agreed may result in some or all of your charges being referred to an outside collection agency.

Date of Service	Description	Charges	Payments/Adjustments	Balance Due
01/03/17	Patient Name: ANDERSON, ANDY 123456789 Location: ASMMC Imaging - MRI Scan			
04/18/17	Balance Forward PATIENT PAYMENT Patient Balance	3,080.00	-1,544.41 -250.00	\$1,535.59 \$1,285.59
01/05/17	Patient Name: ANDERSON, ANDY 123456789 Provider: ALPHA ALPHA Location: AURORA MEDICAL GROUP SHEBOYGAN CLINIC			
	Balance Forward Patient Balance	240.00	-10.29	\$229.71 \$229.71
01/16/17	Patient Name: ANDERSON, ANDY 123456789 Provider: ALPHA ALPHA Location: AURORA MEDICAL GROUP SHEBOYGAN CLINIC			
	Balance Forward Patient Balance	700.00	-178.55	\$521.45 \$521.46
02/27/17	Patient Name: ANDERSON, ANDY 123456789 Provider: ALPHA ALPHA Location: AURORA MEDICAL GROUP SHEBOYGAN CLINIC			
	Balance Forward Patient Balance	508.00	-506.00	\$2.00 \$2.00
	Payment Plan Balance Due			\$2,038.75

6 **Total Amount Owed to Aurora (As of this Statement)** **\$2,038.75**