

Guide to Your New UW Medicine Statements

As part of a multi-year, system upgrade, UW Medicine is changing our statements as of March 27, 2021.

These changes are designed to provide clearer information, be ADA compliant, and available on our new web portal, MyChart. Please take a moment and review the changes.

Also, feel free to log into MyChart (mychart.uwmedicine.org) after March 27, 2021 to enroll in paperless billing and other electronic notification options.

Statement Legend:

- A** This is your account number, who is responsible for payment, the patient name, and statement date.
- B** Current balance due from Professional and Hospital Charges along with any payment plans you have set up.
- C** Our new phone numbers and office hours.
- D** With MyChart, you can pay your bill securely on-line or send us a question. If you have not signed up for MyChart, a unique activation code will be printed here.
- E** If you would prefer to mail us a credit card payment, fill out this section. However, we recommend you make credit card payments securely via MyChart.

UW Medicine

Guarantor ID: 3320
Responsible Party: First Name Last Name
Patient Name: First Name Last Name
Statement Date: 11/5/2020

A

Thank you for using UW Medicine! Below is a summary of outstanding charges for services rendered.

Payment Plan Amount Due	\$321.86
Hospital Charges	\$253.00
Professional Charges	\$0.00
Total Balance Due Now	\$574.86

See following pages for statement details

Your payment plan is past due. Please remit payment or contact our office to update payment arrangements at 800-640-1446.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at uwmedicine.org/financialassistance or call 206.520.0400 or 855.520.0400.

Si necesita ayuda para pagar su factura, tenga o no tenga seguro, usted puede ser considerado para recibir asistencia financiera. Para obtener más información, visite nuestro sitio web en uwmedicine.org/financialassistance o llame al 206.520.0400 o 855.520.0400.

Pay by Phone

Call 206.520.0400 or 855.520.0400
8am to 5pm
Monday through Friday

Pay Online

mychart.uwmedicine.org
Log into MyChart to pay your bill, view your balance or set up payment arrangements.

Questions? Need help reading your statement?
 Call us at 206.520.0400 or 855.520.0400
 Message us through your MyChart account.
 Visit uwmedicine.org/billing

C

D

Pg 1 of 2
Keep this portion for your records

To ensure accurate processing, detach this portion and return with your payment

UW Medicine

Acct # 3320
Statement Date: 11/5/2020
Make checks payable to UW Medicine

My address or insurance information has changed. I have written the changes on the back of this form.

First Name Last Name
9999 Street, Apt. A
Seattle, WA 98101

Payment Information

Visa MasterCard American Express Discover

CARDHOLDER NAME		EXP DATE	CODE
SIGNATURE			

AMOUNT DUE \$574.86	DUE DATE UPON RECEIPT	Amount Enclosed \$
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UW-13

E

020 000057486 000057486 00000000000033204 6

continued

Back of Statement:

Additional information about your bill is found on the back. There are also sections to update your mailing address and insurance information. You can also make updates through MyChart.

If you have any questions about your new statement, or your account in general, contact us through MyChart or by phone at 206.520.0400 or 855.520.0400.

"Why am I getting this bill?"

Each UW Medicine patient can receive separate bills that cover different elements of the same visit. For example, this statement includes professional and hospital bills for services in the hospital and in the clinics. There may be other charges from UW Physicians for other professional services. There also may be facility fees from other sites for inpatient hospital stays, clinic visits, and other outpatient services (such as x-rays, lab tests, take home drugs, physical therapy, etc). Each of the above statements is separate and is not included in any other bills.

Payment Terms

You will receive a monthly statement if you have a balance due on your account. The patient responsibility shown is due and payable upon receipt unless prior special payment terms have been arranged. Please access MyChart or contact our Customer Service Office at 206.520.0400 promptly if a payment plan is desired.

Other Information

Please include the patient's name and guarantor ID with all payments and correspondence.

Please call 206.520.0400 if you have any questions

The balance shown as "Payment Due" on this

Primary Insurance Updates

Primary Insured Name				
Primary Insurance Name	Effective Date			
Primary Insurance Street Address				
City	State	Zip	Telephone	
Employer Name		Group Number		
Subscriber ID#	Policyholder's DOB			

Do We Have your Current Information?

Change of Address				
Name (Last, First, Middle Initial)				
Address				
City	State	Zip	Telephone	

Secondary Insurance Updates

Secondary Insured Name				
Secondary Insurance Name	Effective Date			
Secondary Insurance Street Address				
City	State	Zip	Telephone	
Employer Name		Group Number		
Subscriber ID#	Policyholder's DOB			

Statement Legend:

F If you have set up a payment plan, any balances included in the plan would appear in this section. To learn more amount payment plan options or to start a plan, please contact our Customer Service Team or access your MyChart account.

G Balances that are not included in a payment plan will appear in this section. Balances will remain in this section until they are paid or added to a payment plan.

H This is the combined amount due of both payment plan and non-payment plan balances.

UW Medicine

Guarantor ID: 3320
Responsible Party: First Name Last Name
Patient Name: First Name Last Name
Statement Date: 11/5/2020

Payment Plan

First Name Last Name's visit to HARBORVIEW MEDICAL CENTER SA 20 with Chanaky, Howard Alan, MD				
Visit Account # 9800005250				
Date	Description	Charges	Pmts/Adjs	Balance
Balance				1,438.40
First Name Last Name's visit to UW NEIGHBORHOOD CLINICS 20 with Napolitano, Peter G, MD				
Visit Account # 9800005252				
Date	Description	Charges	Pmts/Adjs	Balance
Balance				160.93
First Name Last Name's visit to UWMC MONTLAKE CAMPUS with Song, Taiil Ted, DO				
Visit Account # 9800005251				
Date	Description	Charges	Pmts/Adjs	Balance
Balance				284.71
Remaining Balance:		\$1,753.11	Past Due:	\$160.93
Monthly Amount Due:		\$160.93	Pay Plan Due:	\$321.86

Non-Payment Plan Please go to MyChart or contact Customer Service to add this balance to your existing payment plan.

First Name Last Name's visit to UWMC MEDICAL SPECIALTIES				
Visit Account # 1000712				
Date	Description	Charges	Pmts/Adjs	Balance
8/2/2020	051X - Clinic Your Responsibility	253.00		253.00
Non-Payment Plan Totals		\$253.00	\$0.00	\$253.00
Total Balance				\$574.86