

Billing Statement Walkthrough

Thank you for entrusting your care to Palomar Health.

Please see the information below about how to read your billing statement.

1 - Encounter Information

Please use your encounter number when making payments or speaking with our representatives.

2 - Encounter Summary

Summary of charges, payments and total amount due.

3 - Notifications

Important notification messages and alerts when needed.

4 - Online Resources

Access our online resources by visiting the URL or scanning the QR code. Login information is provided.

5 - Payment Options

Easy ways to make your payments by phone, mail or online.

6 - Contact Us

Please use this information to contact us with any questions.

7 - Payment Coupon

If paying by mail, detach this payment coupon and place in the return envelope provided.



975 S ANDREASEN DR. 2ND FL
ESCONDIDO, CA 92029



000001
SAMPLE GUARANTOR
SAMPLE LINE 1
SAMPLE LINE 2
SAMPLE CITY CA 12345-1234

1	Statement Date / Fecha De Declaración	August 02, 2023
	Encounter Number / Numero De Encuentro	12345678912
	Patient / Paciente	Sample Patient
	Service Dates / Fechas De Servicio	07/01/2023 - 07/02/2023
	Service Type / Tipo De Servicio	Healthcare Services
2	Total Charges / Cargos Totales	\$44,438.80
	Payments / Pagos	\$2,968.01
	Adjustments / Ajustes	\$41,460.79
	Additional Charges / Cargos Adicionales	\$0.00
	Amount You Owe / Cantidad Que Debe	\$20.00
	Primary Insurance / Seguro Primario	Sample Insurance 1
	Secondary Insurance / Seguro Secundario	Sample Insurance 2

3

Thank you for entrusting your care to Palomar Health.
You are receiving this notice because we have billed all of the insurance plans related to your account and there is a remaining balance that is your responsibility to pay.
A more detailed explanation of your patient responsibility will be available on the explanation of benefits you received from your insurance carrier.

4 ONLINE RESOURCES

https://USAPayx.Com/Pay_PalomarHealth

- Make a payment
- Setup a payment arrangement
- Update your address
- Update your insurance information
- Request a summary bill
- Request financial assistance

Access Code: 1234567
Numeric Portion of Billing Street Address: 1

5 @ Pay Online (Recommended)
https://USAPayx.Com/Pay_PalomarHealth

6 Pay By Phone (24/7)
Call 1-833-452-0249. You will be asked to provide your Payor ID #1234567890

7 ? Billing Questions
Call 1-833-452-0249 Monday through Friday, 7:00 AM to 6:00 PM (Pacific Standard Time). You will be asked to provide your encounter number 12345678912.

\$ Financial Assistance
If you do not have medical insurance coverage or are under insured and meet certain low to moderate income requirements, you may qualify for a full or partial discount. Applications and Financial Assistance policy copies are available free of charge by calling 1-833-452-0249.

➔ A summary bill is available upon request

You may receive separate statements from physicians or other facilities involved with your care.

Please include the bottom portion of this statement in the enclosed return envelope. Be sure the "Make check payable to" address appears in the window.

Para asistencia en Español por favor comuníquese al 1-833-452-0249



Patient / Paciente	Sample Patient
Encounter Number / Numero De Encuentro	12345678912
Amount You Owe / Cantidad Que Debe	\$20.00
Amount Enclosed / Cantidad Adjunta	

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.
Marque la casilla si su dirección esta incorrecta o la información de su seguro ha cambiado e indique los cambios al reverso.

For debit and credit payments, please use the following options /
Para pagos con tarjetas de débito y crédito, use las siguientes opciones:

- Online / En Línea: https://USAPayx.Com/Pay_PalomarHealth
- Call / Llaman: 1-833-452-0249 Payor ID #1234567890

Make check payable to:

PALOMAR HEALTH
PO BOX 748696
LOS ANGELES, CA 90074-8696

01234567891200000020000000020001

Billing Statement Walkthrough

8 - Notice of Financial Assistance

Patient notice of financial assistance in English and Spanish.

9 - Update Information

If you need to update your address, telephone number or insurance you can contact us by phone at 833-452-0249 or detach this coupon and place in the return envelope provided.

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PATIENT NOTICE OF FINANCIAL ASSISTANCE

We are committed to providing quality healthcare that is affordable for our community. We have financial assistance policies that may help cover the costs of your healthcare needs.

If you do not have medical insurance coverage or are underinsured and worry that you may not be able to pay in full for your care, we may be able to help. You may be eligible for certain government-sponsored healthcare payment programs, such as Medicare, Medi-Cal, or the California Children's Services Program. Information on obtaining application for Medi-Cal or Medicare is provided at the bottom of this notice. Palomar Health also provides financial assistance to qualified patients based on their income, assets, and needs. Through our Financial Counseling Services we may be able to help self pay and other financially qualified patients obtain a reduction in patient's liability and work together to arrange a manageable extended payment plan. It is important that you inform us immediately if you have medical insurance coverage, Medicare, Medi-Cal, or other coverage that may cover the cost of your bill.

It is important that you let us know if you will have trouble paying your bill. Federal and State laws require all hospitals make reasonable efforts to collect payment for services from patients. In the event you do not provide the necessary information needed, the hospital may turn unpaid bills over to a collection agency, which could affect your credit status. We would like to work with you to avoid this situation.

We believe that everyone should be treated with respect. State and Federal law require debt collectors to treat you fairly and prohibits debt collectors from making false statements or threats of violence or arrest, using obscene or profane language, and making improper communications with third parties, including your employer. Debt collectors may not contact you at work if they know or have a reason to know that you may not receive personal calls at work. Except under unusual circumstances, debt collectors may not contact you before 8:00 AM or after 9:00 PM. In general, a debt collector may not give information about your debt to another person, other than your spouse or attorney. A debt collector may contact another person to confirm your location or to enforce a judgment. State and Federal law requires that you notify your creditor of your change of name, address or employment for any existing consumer credit. For more information about debt collection activities, you may contact the Federal Trade Commission at 1-877-FTC-HELP (1-877-382-4357) or online at www.ftc.gov.

You may be eligible for health coverage through the California Health Benefits Exchange. (www.coveredca.com)

Nonprofit credit counseling services may be available in your area. (www.calif.com)

To obtain an application for Medi-Cal, please visit www.dhcs.ca.gov, or call the California Department of Public Services at 1-800-300-1506.

To obtain an application for Medicare, please visit www.medicare.gov, or call 1-800-633-4227, TTY/TDD users should call 1-877-486-2048.

The Health Consumer Alliance (HCA) offers free assistance by phone or in person to help people who are struggling to get or maintain health coverage and resolve problems with their health plans. Contact the HCA at 1-888-804-3536 or visit <https://healthconsumer.org/>.

Application forms for Medi-Cal, Medicare, and any other governmental healthcare program, are also available from Palomar Health, but we cannot provide advice or information on filling out such application forms. If you would like a copy of an application, please contact the Financial Counseling Services at 1-833-452-0249.

For additional information, including information regarding eligibility for financial assistance, or for information regarding Palomar Health's policies on such financial assistance, please contact Financial Counseling Services at 1-833-452-0249. We will treat your question with confidentiality and courtesy.

Personally, We Care For You

If you would like information regarding your rights and protections against surprise medical bills, please contact us at 1-833-452-0249.

AVISO AL PACIENTE DE LA ASISTENCIA FINANCIERA

Nos hemos comprometido a proporcionar la calidad de asistencia médica que es económica para nuestra comunidad. Tenemos asistencia financiera que podrá ayudarle a cubrir el costo de su cuenta médica.

Si usted no tiene cobertura médica o tiene cobertura limitada y se preocupa que no puede pagar por completo el cuidado médico, podríamos ayudarle. Puede tener derecho a ciertos programas patrocinados por el gobierno, como Medicare, Medi-Cal, Programa de California Children's Services. La información para obtener aplicaciones para Medi-Cal o Medicare es proporcionada en el fondo de esta nota. Palomar Health también facilita asistencia financiera a pacientes basados en sus ingresos, recursos y necesidades. Por nuestros Servicios de Asesoramiento Financiero podríamos ayudar a personas sin cobertura médica y a otros pacientes financieramente calificados a obtener una reducción en la obligación del paciente y trabajar juntos para llegar a un acuerdo manejable de un plan de pagos extendidos. Es importante que usted nos informe inmediatamente si tiene seguro médico, Medicare, Medi-Cal, u otro alcance que puede cubrir el costo de su cuenta médica.

Es importante que nos deje saber si usted tendrá problemas pagando su cuenta. Leyes Federales y de Estado requieren que todos los hospitales hagan esfuerzos razonables de cobrar pagos por los servicios a los pacientes. En el evento que usted no provea la información necesaria, el hospital puede mandar las cuentas no pagadas a una agencia de colecciones, el cual podría afectar el estado de su crédito. Nos gustaría trabajar con usted para evitar esta situación.

Nosotros creemos que todos nuestros pacientes deben ser tratados con respeto. Leyes de Estado y Federales requieren cobradores de deudas tratarle justamente y prohíbe cobradores de deudas de hacer declaraciones falsas o amenazas de violencias o arresto, usar palabras obscenas o profanas, y hacer comunicaciones impropias con una tercera persona, incluso a su patron. Cobradores de deudas no pueden comunicarse con usted en su trabajo si saben o tienen razón de saber que usted no puede recibir llamadas personales a su trabajo. Excepto en circunstancias inusual, cobradores de deudas no pueden comunicarse con usted antes de las 8:00 AM o después de las 9:00 PM. En general, un cobrador de deudas no puede dar información de sus deudas a otra persona que no sea su esposo(a) o abogado. Un cobrador de deuda puede comunicarse con otra persona para confirmar su localidad o imponer un juicio. Leyes de Estado y Federales requieren que usted avise su acreedor de su cambio de nombre, dirección o trabajo por cualquier crédito existente del consumidor. Para más información acerca de actividades de cobrar deudas, comuníquese con la Comisión Federal de Comercio al: 1-877-FTC-HELP (1-877-382-4357) o por internet a: www.ftc.gov

Usted podría ser elegible para cobertura médica a través del programa California Health Benefits Exchange. (www.coveredca.com)

Un servicio sin beneficios de consejo de crédito podría estar disponible en su área. (www.calif.com)

Para obtener una aplicación para Medi-Cal, favor de visitar la página www.dhcs.ca.gov, o llamar al Departamento de Servicios Públicos de California al 1-800-300-1506.

Para obtener una aplicación para Medicare, favor de visitar la página www.medicare.gov, o llamar al 1-800-633-4227, TTY/TDD usuarios deben llamar al 1-877-486-2048.

Health Consumer Alliance (HCA) ofrece asistencia gratuita por teléfono o en persona para ayudar a las personas que tienen dificultad al obtener o mantener una cobertura de salud y resolver problemas con sus planes de salud. Comuníquese con la HCA al 1-888-804-3536 o visite <https://healthconsumer.org/>.

Aplicaciones para Medi-Cal, Medicare, y cualquier otro programa patrocinado por el gobierno, están también disponible en Palomar Health, pero nosotros no le podemos proporcionar información a llenar tales formularios de solicitud. Si está interesado en recibir una aplicación, por favor comuníquese con Servicios de Consejo Financial al: 1-833-452-0249.

Para información adicional, incluyendo información con respecto a la elegibilidad para ayuda financiera, o para la información con respecto a las pólizas de asistencia financiera de Palomar Health, por favor comuníquese con Servicios de Consejo Financial al: 1-833-452-0249. Trataremos sus preguntas con confidencia y cortesía.

Personalmente, Cuidamos de Usted

9 IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE... / SI ALGUNO DE LOS SIGUIENTES A CAMBIADO DESDE SU ULTIMA DECLARACIÓN, POR FAVOR INDIQUE...			
ABOUT YOU / ACERCA DE USTED:		ABOUT YOUR INSURANCE / ACERCA DE SU SEGURO:	
ADDRESS / DIRECCIÓN		YOUR INSURANCE COMPANY'S NAME / NOMBRE DE SU SEGURO MEDICO	EFFECTIVE DATE / FECHA DE VIGENCIA
CITY / CIUDAD		INSURANCE COMPANY'S ADDRESS / DIRECCIÓN DE LA COMPAÑÍA SU DE SEGURO MEDICO	TELEPHONE / NUMERO DE TELÉFONO
STATE / ESTADO	ZIP CODE / ZONA POSTAL	CITY / CIUDAD	STATE / ESTADO
TELEPHONE / NUMERO DE TELÉFONO		POLICY HOLDERS ID NUMBER / NUMERO DE IDENTIFICACIÓN MEDICO	GROUP PLAN NUMBER / NUMERO DEL PLAN DE GRUPO
			INSURED DATE OF BIRTH / FECHA DE NACIMIENTO DEL ASEGURADO

Billing Statement Walkthrough

10 - Summary of Visit

A description of the care you received, charges, payments and adjustments.

11 - Amount You Owe

Total charges, payments, adjustments and amount you owe.



DATE	REVENUE CODE	DESCRIPTION	CHARGES	APPLIED CREDITS
ENCOUNTER #12345678912: SAMPLE PATIENT - SAMPLE LOCATION				
07/01/2023	250	PHARMACY	\$232.60	\$0.00
07/01/2023	258	IV SOLUTIONS	\$250.20	\$0.00
07/01/2023	260	IV THERAPY	\$1,555.00	\$0.00
07/01/2023	301	LAB/CHEMISTRY	\$3,115.00	\$0.00
07/01/2023	305	LAB/HEMATOLOGY	\$191.00	\$0.00
07/01/2023	307	LAB/UROLOGY	\$47.00	\$0.00
07/01/2023	324	DX X-RAY/CHEST	\$379.00	\$0.00
07/01/2023	351	CT SCAN/HEAD	\$12,168.00	\$0.00
07/01/2023	441	SPEECH PATH/VISIT	\$608.00	\$0.00
07/01/2023	444	SPEECH PATH/EVAL	\$278.00	\$0.00
07/01/2023	450	EMERG ROOM	\$5,909.00	\$0.00
07/01/2023	483	ECHOCARDIOLOGY	\$4,624.00	\$0.00
07/01/2023	611	MRI - BRAIN	\$3,232.00	\$0.00
07/01/2023	636	DRUGS/DETAIL CODE	\$96.90	\$0.00
07/01/2023	730	EKG/ECG	\$331.00	\$0.00
07/01/2023	762	OBSERVATION RM	\$8,118.00	\$0.00
07/02/2023		Credit Card Visa Payment - Cr	\$0.00	\$70.00
07/02/2023	250	PHARMACY	\$199.10	\$0.00
07/02/2023	301	LAB/CHEMISTRY	\$1,093.00	\$0.00
07/02/2023	305	LAB/HEMATOLOGY	\$266.00	\$0.00
07/02/2023	421	PHYS THERP/VISIT	\$466.00	\$0.00
07/02/2023	424	PHYS THERP/EVAL	\$410.00	\$0.00
07/02/2023	431	OCCUP THERP/VISIT	\$486.00	\$0.00
07/02/2023	434	OCCUP THERP/EVAL	\$384.00	\$0.00
07/21/2023		Commercial Contra Adj - Staff Applied	\$0.00	\$41,391.64
07/21/2023		Commercial Insurance Payment	\$0.00	\$2,898.01
07/28/2023		Commercial Contra Adj - Staff Applied	\$0.00	\$59.15
			TOTAL CHARGES	\$44,438.80
			PAYMENTS	\$2,968.01
			ADJUSTMENTS	\$41,450.79
			AMOUNT YOU OWE	\$20.00