

New Features to Your Billing Statement

Thank you for trusting Scripps with your care. We've added new features designed to make your bills easier to read and understand. Your billing statement now includes a summary of both hospital and professional services received at Scripps, along with a single customer service phone number for billing questions at **1-877-SCRIPPS (727-4777)**.

In addition to printed bills, you now have the added convenience of paying your bills online by enrolling in MyScripps electronic health portal. For more information on new billing statement features and to enroll, visit **MyScripps.org**.

How to Read Your Bill

Your statement has a variety of information. Here is a guide to help you read your bill:

1. Your Information

Statement Date: Date the statement was created.

Patient Name: Person who has received services provided by Scripps.

Guarantor ID#: Unique number assigned to the responsible party.

Responsible Party: Person who is responsible for the bill.

Payment Due Date: Date the payment is due.

2. Your Account Summary

Total Charges: Total charges for the accounts included on this statement.

Patient Payments: Total patient payments received for accounts included on this statement.

Insurance Payments: Total insurance payments received for accounts included on this statement.

Insurance Adjustments: Total insurance adjustments, based on contractual agreements with the patient's insurance, applied to accounts included on this statement.

Other Adjustments: Total other adjustments applied to accounts on this statement.

Amount Due Now: Amount owed on this statement.

3. Your Payment Options:

Payment options available.

4. Message for You:

Specific account information and alerts when needed.

5. MyScripps:

Information on access to your online health portal **MyScripps.org**.

6. Questions:

How to reach customer service specialists and inquire about financial assistance.

7. Insurance Information:

Insurance coverage billed for accounts included on this statement. NOTE: Financial assistance, including payment plans and charity care, is offered by Scripps. If you have any questions concerning your bill or require financial assistance, please call the customer service phone number listed above.

8. Return Payment Coupon:

Use coupon to mail in a check and credit card payment. NOTE: Reverse side of the coupon provides the ability to make changes to address or insurance information, which can also be updated electronically on your MyScripps account.

Monthly Statement
Page 1 of 3

1. YOUR INFORMATION
Statement Date 04/24/19
Patient Name J. Smith
Guarantor ID# 1042
Responsible Party J. Smith
Payment Due Date 05/24/19

2. YOUR ACCOUNT SUMMARY
Total Charges \$231.00
Patient Payments \$0.00
Insurance Payments \$206.00
Insurance Adjustments \$0.00
Other Adjustments \$0.00
AMOUNT DUE NOW \$ 25.00

3. YOUR PAYMENT OPTIONS
Online: <https://myscripps.org>

4. Message for you...
Please pay your bill online or sign up for paperless billing at <https://myscripps.org>. Use activation code to create a MyScripps account. PX3SF-5Q25T-J4G3N

5. MYSCRIPPS <https://myscripps.org>
Access your health information anytime and anywhere with your MyScripps account!
You can use MyScripps to:

- Message your care team
- View your lab results
- Schedule your appointment
- Pay your bill
- Update your insurance
- Change your address

6. QUESTIONS?
Online: <https://myscripps.org/>
Call Us: 1-877-SCRIPPS (877-727-4777)
Hours: Mon-Fri 8:15 a.m. - 4:30 p.m.
Please see the reverse side of this statement for additional information on Financial Assistance.

7. INSURANCE INFORMATION
United Healthcare - United Healthcare PPO

Thank you for choosing Scripps Health. Keep this portion for your records.
You may receive a separate non Scripps Health statement for additional services received during your visit.

8. SCRIPPS HEALTH
10790 Rancho Bernardo Road 4S-303
San Diego, CA 92127

Detach this portion and return with your payment

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
CARDHOLDER NAME			
CARD #	EXP DATE	Security Code	
SIGNATURE			
AMOUNT DUE	DUE DATE	AMOUNT	
\$25.00	05/24/19	\$	

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

Make checks payable to "SCRIPPS HEALTH"

00000000000104200000231009 J.Smith (Acct # 1042) Statement Date: 04/24/19



More tips to help you read your billing statement are available at **Scripps.org/Billing**.

