

# KEYS TO UNDERSTANDING YOUR OHIO ENT STATEMENT

- 1 Area to fill out if paying by credit card
- 2 Date statement was printed
- 3 Amount due from patient or responsible party
- 4 Patient's Ohio ENT account number
- 5 Responsible party name and address
- 6 Ohio ENT's address for payments to be sent to
- 7 Description of services billed
- 8 Description of account activity
- 9 Patient and Insurance balances and adjustments
- 10 Amount due from patient or responsible party
- 11 Back of statement - make any address or insurance changes here

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13684-H1111

OHIO ENT  
PO BOX 951601  
CLEVELAND, OH 44193-0018

RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES, PLEASE CALL: 614-273-2250  
OR TOLLFREE: 1-877-273-2270

JANE DOE  
123 MAIN STREET  
ANYWHERE, OH 12345

OHIO ENT  
PO BOX 951601  
CLEVELAND, OH 44193-0018

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STATEMENT PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

DATE	CPT	DESCRIPTION	FEE	UNITS	FEE TOTAL	INSURANCE	PATIENT
		180716 Akash Gupta MD					
02/10/2012	99203	Office visit,new pt,mod complexity	156.00	1.00	156.00	156.00	0.00
02/10/2012	92557	Comprehensive audiometry threshold	83.00	1.00	83.00	83.00	0.00
02/15/2012		Filed charges of 239.00 to United Healthcare	0.00	.00	0.00	0.00	0.00
02/29/2012		Contract Adj Adjustment from United Healthcare	0.00	.00	0.00	-50.30	0.00
02/29/2012		UHC Pymt Payment from United Healthcare	0.00	.00	0.00	0.00	0.00
02/29/2012		Transfer from Insurance	0.00	.00	0.00	-188.70	188.70
		The balance has been applied to either your deductible, coinsurance, or copay amount.				0.00	188.70

SAVE TIME BY PAYING YOUR BILL ONLINE. VISIT [WWW.OHIOENTDOCS.COM](http://WWW.OHIOENTDOCS.COM) AND CLICK PAY ONLINE.

NOTICE: THIS IS A BILL. BASED UPON INFORMATION FROM YOUR HEALTH PLAN, YOU OWE THE AMOUNT SHOWN.

Reflects transactions posted through 03/09/2012

DUE FROM PATIENT  
\$188.70

FOR BILLING INQUIRIES, PLEASE CALL 614-273-2250 OR TOLL FREE: 1-877-273-2270

If you are not able to pay the balance in full, please call the business office to arrange a payment plan.

**Questions about your statement?**

Our professional Customer Service staff will assist you with any questions concerning your Ohio ENT statement. Please call 614-273-2250 or toll free 866-273-2250. Customer Service staff is available Monday through Friday, 8am - 4:30pm.

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IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE . . .

ABOUT YOU:		ABOUT YOUR INSURANCE:	
YOUR NAME (Last, First, Middle Initial)	ADDRESS	YOUR PRIMARY INSURANCE COMPANY'S NAME	EFFECTIVE DATE
CITY	STATE ZIP	PRIMARY INSURANCE COMPANY'S ADDRESS	PHONE
TELEPHONE	MARITAL STATUS	POLICYHOLDER'S NUMBER	GROUP PLAN NUMBER
EMPLOYER'S NAME	TELEPHONE	YOUR SECONDARY INSURANCE COMPANY'S NAME	EFFECTIVE DATE
EMPLOYER'S ADDRESS	CITY STATE ZIP	SECONDARY INSURANCE COMPANY'S ADDRESS	PHONE
		POLICYHOLDER'S NUMBER	GROUP PLAN NUMBER

