GUIDE TO UNDERSTANDING YOUR ADVOCARE STATEMENT

Numbered Areas Point Out Where Important Information Can Be Found On Our Statement

1. Office name
2. Fill out if paying with a credit card
3. Patient's account number
4. Date statement was printed
5. Total guarantor portion due with statement
6. Area to write amount you are paying
7. Responsible party for account (guarantor)
8. Remit to address
9. Box to check if incorrect address or insurance information
10. Invoice number
11. Date services were provided and financial transactions posted
12. Description of services provided
13. Description of financial transactions such as payments and adjustments
14. Contact information
15. Message box
16. Back of statement - please use this section to inform us of changes or corrections to your personal and/or insurance information

Has any of the following changed since your last statement…		
About You		**About Your Insurance**
Name		Primary Insurance Info
Address		Primary Policy Numbers
Telephone		
Employer's Name		Secondary Insurance Info
Employer's Address		Secondary Policy Numbers

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1

ADVOCARE
PO BOX 3001
VOORHEES, NJ 08043-0598

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW

2 Check Card Using For Payment

☐ MasterCard ☐ Discover ☐ Visa ☐ American Express

Card Number	Signature Code
Print Cardholder Name	Exp. Date
Signature	
Patient Name JOHN Q. PATIENT	

Account Number (3)	Statement Date (4)	Payment Due
98765	11/15/10	Upon Receipt

Pay This Amount (5)	Show Amount Paid Here (6)
30.00	→ $

7
JOHN Q. PATIENT
202 MAIN STREET
ANYTOWN, USA 12345-0000

8
ADVOCARE
PO BOX 3001
VOORHEES, NJ 08043-0598

9
☐ Check box if above address is incorrect and indicate change(s) on reverse side

STATEMENT

Please detach and return this portion with your payment

Patient Name: JOHN Q. PATIENT Account No.: 9876543 Statement Date: 11/15/10 Payment Due Upon Receipt

Invoice Number	11 Date	CPT Code	Description	Amount
12345			INVOICE BALANCE: 30.00	
10	10/25/10	99213	OFFICE VISIT EXISTING PATIENT (12)	139.00
	11/09/10		INSURANCE PAYMENT (13)	-75.00
	11/09/10		INSURANCE CONTRACTUAL ADJUSTMENT	-34.00
			Thank you for choosing Advocare for your healthcare needs.	
			AMOUNT DUE FROM PATIENT:	30.00

Contact Information (14)

Thank you for choosing our organization for your healthcare needs. Please pay the account shown above.

Any questions please call 856-504-8023 from 8:00 am to 4:00pm, Monday-Friday. Or you may email us at inquiry@advocaredoctors.com Thank you.

Message (15)

TAX ID: XXXXXXXXX Page: 1

PKFORM-5 (01/11)

advocare

GLOSSARY OF INSURANCE TERMS

Advanced Beneficiary Notice (ABN) – If Medicare will not pay for a procedure or service, the physician or hospital will request you to review and sign an Advanced Beneficiary Notice. This notice will assist you in determining whether you wish to have the procedure or service performed and how you prefer to pay for it.

Benefit – The amount your plan will pay a physician, group or hospital, as stated in your policy, toward the cost of the service or procedure to be performed by the physician.

Claim -The form that the physician files with a health insurance company that details the services and procedures performed by the physician, on your behalf, and other pertinent data that is required by the health insurance company to receive payment.

Co-Payment or "co-pay" – The part of your medical bill you must pay each time you visit the doctor. This is a pre-set fee determined by your health insurance policy.

Co-Insurance – The part of your bill, in addition to the co-pay, that you must pay. Co-insurance is usually a percentage of the total medical bill – for example, 20 percent.

Deductible -The amount you must pay for medical treatment before your health insurance company starts to pay - for example, $500 per individual or $1,500 per family. In most cases, a new deductible must be satisfied each calendar year.

In-Network -The physician has contracted a payment schedule with the health insurance company to provide you with medical care. The physician will submit your medical bill directly to the health insurance company for payment. However, you may be responsible for a co-payment, deductible and/or co-insurance according to your health insurance company benefit plan.

Non-Covered Charges – Costs for medical treatment that your health insurance company does not pay. You may wish to determine if your treatment is covered by your health insurance policy before you are billed for these charges by the doctor's office.

Out-of-Network – The physician is not contracted with the health insurance company to provide you with medical treatment. You are responsible for the payment of the medical care. The physician may agree to submit your medical bill directly to the payer for payment. However, you may be responsible for an increased co-payment, deductible, co-insurance and/or additional charges according to your insurance company benefit plan.

Primary Health Insurance Company – The health insurance company that is responsible to pay your benefits first when you have more than one health insurance plan.

Secondary Health Insurance Company – The secondary health insurance company is not the first payer of your claims. The remaining claim balance will be sent to a secondary health insurance company, if provided, after payment is received by the primary health insurance company.