

An account statement is a notification to a patient that payment for services is due. Account statements are generated after health care benefit claims are processed by the health insurance plan and the remaining balance is now the patient's responsibility.

The Statement has four major sections:

- 1. Statement Summary** shows the statement date and identification number, patient account identification number (medical record number), and the total amount due to Texas Oncology.
- 2. Patient and Payment Information** includes the member's name, address, and the website and telephone number to contact the business office regarding your account statement or to make payments.
- 3. Statement Detail** for each claim includes:
 - Patient and provider information
 - Encounter or invoice number and when it was processed
 - Service dates and descriptions
 - The amount billed
 - The discounts or other reductions subtracted from amount billed
 - Total amount covered
 - The amount you may owe (your responsibility)
- 4. Additional Options** include:
 - QR code to make payments directly from your phone
 - Pay by mail options and Texas Oncology mailing address.
 - Return Slip on page two to update contact and insurance information

Sample Statement

1576

STATEMENT DATE: DECEMBER 31, 2023
 STATEMENT ID: 98765432
 ACCOUNT ID: 01234567

Texas Oncology
 PO Box 40587
 Nashville, TN 37204

TEXAS ONCOLOGY
 More breakthroughs. More victories.

AMOUNT DUE \$75.00
 Due Upon Receipt

For Return Mail Only - See Address Below For Payment

John Doe
 1234 Cedar Road
 APT #3
 Any Town, TX 76068

Thank you for entrusting us with your care.

Questions? Want to pay online?
<https://txo.yourpatientstatement.com>
 or call us at
 (855) 425-9808

New activity on your account:

Date	Type / Description	Amount
Nov 16, 2022	Charge CPT # 96402 - CHEMO HORMON ANTINEOPL SQ/IM	\$290.00
	Charge CPT # 28395 - FULVESTRANT 25 MG	\$4,880.00
Dec 07, 2022	Payment MEDICARE PAYMENT	-4224.00
	Adjustment MEDICARE PAYMENT	-\$4,884.18
	Adjustment SEQUESTRATION W/O	-\$1.04
	Adjustment SEQUESTRATION W/O	-\$3.54
Left to Pay		\$57.16

Activity continues on following page

Scan this with your phone to pay now

Or enclose a check for option A, B, or C below:

I want to pay the full amount (\$75.00) now.

I want to sign up for an interest-free payment plan.

THE PLAN We will process your first payment immediately.

Plan 1 - \$25.00 for 3 months

Plan 2 - \$12.50 for 6 months

Plan 3 - N/A for 9 months

Please supply the best phone number to reach you.

I will only pay a portion of my bill for now.
 How much would you like to pay? _____

Go Green!
 Check here to receive emails instead of paper statements.

Check this box if you've updated your address or provided insurance information on the back of this form

Texas Oncology
 P.O. Box 732175
 Dallas TX 75373

732175 0TX0T0890 0000008642459 00019308 5

1. Patient's name and mailing address
2. Patient's account number (medical record number)
3. Summary box for all services including total billed by the provider, and discounts, reductions or payments made, and the amount you may Texas Oncology.
4. Ways to pay online or by phone.
5. Detailed account transaction information for each provider
 - a. Provider name
 - b. Encounter (invoice) number
 - c. Date of service
 - d. Procedure code and description
 - e. Amount details
6. Indicates that there are additional detailed account transaction tables on subsequent page(s).
7. QR code to pay online with your phone.
8. Payment by mail options
9. Go Green! Select this on return to sign up for email statements instead of paper statements.
10. Mailing address to return updates to statement preference, updates to your address or insurance information, or to make payment by check.

FIND US ONLINE! Whether you need help reading your statement, or you want to talk with a Patient Account Representative about setting up a payment plan that works within your budget, we're always just a phone call away!

1) Visit us at <https://txo.yourpatientstatement.com>

2) Log in using the information provided on your statement.

3) Manage your account with ease!

Open Monday - Friday 8am - 6pm Central
 (855) 425-9808
 (888) 551-1910
 services@yourpatientstatement.com

Your name and signature (including any electronic or digital record or signature) on any patient admissions agreement with any healthcare provider, any sales memorandum, purchase order, sales slip, sales invoice or other document signed in connection with this Agreement are incorporated into and made a part of this Agreement and represent your name and signature on this Agreement. The words "you" or "your" refer to each person who is responsible for this Account. YOU ACKNOWLEDGE THAT YOU HAVE RECEIVED (ELECTRONICALLY OR OTHERWISE) AN EXACT, COMPLETELY FILLED-IN, LEGIBLE COPY OF THIS AGREEMENT, HAVE READ IT AND AGREE TO ITS TERMS.

Annual Percentage Rate (APR) for Payments	Minimum Interest Charge	Setup and Maintenance Fees	Returned Payment
0.00%	0.00%	0	Up to \$20

IMPORTANT NOTICE: Credit Terms, Interest Rates, Charges, and Fees (these will not change at any time)

By signing a check for payment, you agree to the following terms to the extent you check to be returned or retained for any reason, you authorize us to electronically (or by paper if we) impound the check to your bank account for collection of the amount, plus any applicable fees as specified by state law.

Herein our sales representatives do not intend to discriminate on the basis of race at (855) 953-1770.

Additional Insurance: If you have more insurance that might cover some of this bill, provide the information below.

Change of address/phone number: For corrections, re-addressing, and information updates, please provide your address and phone number below.

CHOOSE ONE: Health Insurance, Auto Insurance, Workers' Comp, Other (Please specify)

INSURANCE PROVIDER: _____

INSURANCE NUMBER: _____ GROUP ID: _____

INSURANCE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

INSURANCE PHONE NUMBER: _____

ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PHONE NUMBER: _____

EMAIL ADDRESS: _____

Un estado de cuenta es una notificación a un paciente de que debe pagar los servicios recibidos. Los estados de cuenta se generan una vez que el plan de seguro de salud procesa las reclamaciones de beneficios de atención médica y estas pasan a ser responsabilidad del paciente.

El estado de cuenta tiene cuatro secciones importantes:

1. El **Resumen del estado de cuenta** muestra la fecha y el número de identificación del estado de cuenta, el número de identificación de la cuenta del paciente (el número de historia clínica) y la cantidad total que se debe a Texas Oncology.
2. La **Información del paciente y de pago** incluye el nombre y la dirección del miembro, así como la dirección web y el número de teléfono para ponerse en contacto con la Oficina Comercial con respecto a su estado de cuenta o para hacer el pago correspondiente.
3. El **Detalle del estado de cuenta** para cada reclamación incluye:
 - Información del paciente y del proveedor
 - Número de consulta o de factura y cuándo se procesó
 - Fechas y descripciones del servicio
 - Cantidad facturada
 - Descuentos u otras reducciones que se restaron de la cantidad facturada
 - Cantidad total cubierta
 - Cantidad que posiblemente deba (de cuyo pago es responsable)
4. Las **opciones adicionales** incluyen:
 - Código QR para hacer pagos directamente desde su teléfono
 - Opciones de pago por correo y dirección postal de Texas Oncology.
 - Hoja de devolución en la página 2 para actualizar la información de contacto y de seguro

Modelo de estado de cuenta

157L

STATEMENT DATE: DECEMBER 31, 2023
 STATEMENT ID: 98765432
 ACCOUNT ID: 01234567

2

3

AMOUNT DUE \$75.00
 Due Upon Receipt

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 PO Box 40587
 Nashville TN 37204

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 APT #3
 Any Town, TX 76668

SAMPLE

Thank you for entrusting us with your care.

4 Questions? Want to pay online?
<https://txo.yourpatientstatement.com>
 or call us at
 (855) 425-9808

5 New activity on your account:

Date	Type / Description	Amount
Nov 16, 2022	Charge CPT # 96402 - CHEMO HORMON ANTINEOPL SQ/IM	\$290.00
	Charge CPT # J9395 - FULVESTRANT 25 MG	\$4,890.00
Dec 07, 2022	Payment MEDICARE PAYMENT	\$224.00
	Adjustment MEDICARE PAYMENT	-\$4,894.18
	Adjustment SEQUESTRATION W/O	-\$1.04
	Adjustment SEQUESTRATION W/O	-\$3.54
Left to Pay		\$57.16

6 Activity continues on following page

7 Scan this with your phone to pay now

8 Or enclose a check for option A, B, or C below:

9

10

Check this box if you've updated your address or provided insurance information on the back of this form

Texas Oncology
 P.O. Box 732175
 Dallas TX 75373

732175 0T X0T0890 0000008642459 00019308 5

- Nombre y dirección postal del paciente
- Número de cuenta del paciente (número de historia clínica)
- Cuadro de resumen de todos los servicios, incluido el total facturado por el proveedor, y los descuentos, reducciones o pagos realizados, así como la cantidad que debe a Texas Oncology.
- Formas de pago en línea o por teléfono.
- Información detallada de las transacciones de la cuenta para cada proveedor
 - Nombre del proveedor
 - Número (factura) de la consulta
 - Fecha del servicio
 - Código y descripción del procedimiento
 - Detalles de la cantidad
- Indica que hay tablas adicionales de transacciones detalladas de la cuenta en la(s) página(s) siguiente(s).
- Código QR para pagar en línea con su teléfono.
- Opciones de pago por correo
- ¡Adopte prácticas ecológicas! Seleccione esto en su envío para registrarse para recibir estados de cuenta por correo electrónico en lugar de estados de cuenta impresos.
- Dirección postal para enviar actualizaciones sobre preferencia en cuanto a estados de cuenta, actualizaciones en cuanto a su dirección o información de seguro, o para hacer un pago por cheque.

FIND US ONLINE!

With access to all your account details, statement history, and payment plan information, our online Patient Portal gives you the tools that make managing your account easy!

- Visit us at <https://txo.yourpatientstatement.com>
- Log in using the information provided on your statement.
- Manage your account with ease!

QUESTIONS?

Whether you need help reading your statement, or you want to talk with a Patient Account Representative about setting up a payment plan that works within your budget, we're always just a phone call away!

Open Monday - Friday 8am - 6pm Central
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Your name and signature (including any electronic or digital record or signature) on any patient admissions agreement with any healthcare provider, any sales memorandum, purchase order, sales invoice or other document signed in connection with this Agreement are incorporated into and made a part of this Agreement and represent your name and signature on this Agreement. The words "you" or "your" refer to each person who is responsible for this Account. YOU ACKNOWLEDGE THAT YOU HAVE RECEIVED (ELECTRONICALLY OR OTHERWISE) AN EXACT, COMPLETELY FILLED-IN, LEGIBLE COPY OF THIS AGREEMENT, HAVE READ IT AND AGREE TO ITS TERMS.

IMPORTANT NOTICE: Credit Terms, Interest Rates, Charges, and Fees (These will not change at any time)			
Annual Percentage Rate (APR) for Payments	Minimum Interest Charge	Set-up and Maintenance Fees	Returned Payment
0.00%	0.00%	0	Up to \$20

By using a payment plan, you agree to the following terms. In the event your check is dishonored or returned for any reason, you authorize us to electronically (or by paper if we) to present the check to your bank account for collection of the amount, plus any applicable fees as permitted by state law.

More health care services are available at <https://txo.com>.

Additional insurance

If you have more insurance that might cover some of this bill, provide the information below:

Check one:
 Health
 Auto
 Worker's Comp
 Other (Please specify)

INSURANCE PROVIDER: _____
 POLICY NUMBER: _____ GROUP ID: _____
 INSURANCE ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 INSURANCE PHONE NUMBER: _____

Change of address/phone number

For corrections, mispellings, and information updates, please provide your address and phone number below:

ADDRESS LINE 1: _____
 ADDRESS LINE 2: _____
 CITY: _____ STATE: _____ ZIP: _____
 CONTACT PHONE NUMBER: _____
 EMAIL ADDRESS: _____