



PO BOX 6545 | MADISON, WI 53716

STATEMENT

i For assistance, please call:
Toll-Free 844-380-4985 | Local 816-631-6338
Monday–Thursday 8:00am–8:00pm
Friday 8:00am-5:00pm; Saturday 9:00am-1:00pm

Addressee

JOHN DOE
123 MAIN ST
ANYTOWN MO 55555-5555

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Online Bill Pay

Make a fast, secure online payment today at:

www.universityhealthkc.org/patients-visitors/pay-my-bill/

Encounter Number	Due Date	Amount Due	Amount Paid
123456789	Upon Receipt	\$44.20	\$

Please make checks payable and remit to:


University Health Lakewood Medical Center
 PO Box 957986
 St. Louis, MO 63195-7986

Check if address/insurance changes are on back

Please detach and return top portion with payment.

Encounter Number	Patient Name	Statement Date	Due Date
123456789	JOHN DOE	12/13/2022	Upon Receipt

Date	Service Description	Charges	Payments	Adjustments	Total Balance
A prompt pay discount of 20% is available on this account. If the \$35.36 is received by 12/11/2022, this account will be considered paid in full.					
03/10/2020	Location: UHWC LEES SUMMIT				
02/18/2021	Date of Service: 03/10/2020 CLINIC	\$68.00			
	ADJUSTMENT			-\$23.80	
	Balance				\$44.20

MESSAGES

You may now qualify for MO Healthnet and expanded services. If you need Financial Assistance and live in Kansas City, MO or Jackson County, MO, call us at 816-404-3000 or Toll Free at 877-708-6888. We have Financial Counselors available to assist you with the application as well as other government applications such as Medicaid, SSI and SSDI. Details for UH's Financial Assistance Policy can be found at universityhealthkc.org.

INSURANCE INFORMATION

Primary:No Primary Insurance on File
JOHN DOE
Secondary:.....No Secondary Insurance on File
JOHN DOE

AMOUNT DUE: \$44.20

Change of Address

Name (Last, First, Middle Initial)

Address

City State ZIP

Telephone

Primary Insurance Updates

Primary Insured Name

Primary Insurance Name Effective Date

Primary Insurance Street Address

City State ZIP Telephone

Employer Name Group Number

Subscriber ID # Policyholder's Date of Birth

Secondary Insurance Updates

Secondary Insured Name

Secondary Insurance Name Effective Date

Secondary Insurance Street Address

City State ZIP Telephone

Employer Name Group Number

Subscriber ID # Policyholder's Date of Birth

University Health Financial Assistance Policy Plain Language Summary

The University Health Financial Assistance Policy (FAP) provides Eligible Patients financial assistance for emergency or medically necessary hospital care. Patients seeking Financial Assistance should apply for the program.

What is covered?

- **Eligible Services** – Emergency and/or medically necessary healthcare services provided by University Health.

Who is covered?

- **Eligible Patients** – Patients receiving eligible services who have no other payer source who submit a Financial Assistance Application and reside in Kansas City or Jackson County, Missouri who meet income requirements are eligible for Financial Assistance by University Health Financial Counseling Center.

How can you apply?

- Obtain an application in person at any of the Financial Center locations, including:
 - University Health Truman Medical Center – 2301 Holmes, 4th floor
 - University Health Building 1 – 2101 Charlotte, 3rd floor
 - University Health Building 2 - 2211 Charlotte, OB Clinic - 3rd Floor
 - University Health Building 4 - 2310 Holmes, Oncology Clinic - 5th Floor
 - University Health Lakewood Medical Center– 7900 Lee's Summit Rd, Lobby, Bess Truman entrance.
 - University Health Behavioral Health Crossroads Building – 300 W 19th Terrace.
 - Entry points of the main hospital facilities: Main Lobbies and Emergency Departments.
- Request to have an application mailed to you by calling (816) 404-3000 or Toll Free 877-708-6888.
- If you think you might qualify for our discount program, please call (816) 404-3000. We have Financial Counselors available to assist you with the application process as well as other government applications such as Medicaid, SSI and SSDI.

Determination of Financial Assistance Eligibility – Generally, patients who reside in Kansas City or Jackson County, Missouri, who meet citizenship or legal permanent residency requirements or have a current work permit with family income at or below 300% of the Federal Poverty Level will receive financial assistance and pharmaceutical assistance. Other patients who reside in Kansas City or Jackson County, Missouri who are unable to show proof of citizenship or legal permanent residency or a current work permit, whose family income is at or below 100% of the Federal Poverty Level will receive financial assistance, but are not eligible for pharmaceutical assistance. Following a determination of financial assistance eligibility, a financial assistance eligible individual will not be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care).

This document, the FAP, the Patient Billing and Collections policy, and the Financial Assistance Application are available in Spanish at the locations listed above.