HOW TO READ YOUR BILL

SUMMARY PAGE
Amount due

Hawaii Pacific Health
Oahu: 808-522-4013 Kauai: 808-245-1119
Toll Free: 1-866-266-3935

Patient Name: ALOHA, MAILE	
Statement Date 02/01/2006	Guarantor Number H600000001
Page # 1 OF 2	Patient Balance Due $483.71

STATEMENT OF HOSPITAL SERVICES
Physician Services are billed separately

SUMMARY OF PATIENT CHARGES OWED (Detailed Statement attached)

Account#	Date	Location	Total Charges	Balance Due	Action Required
H100000876	01/05/06	Pali Momi	1,299.16	281.71	Please pay. Balance Due.
H100000878	01/12/06-01/14/06	Pali Momi	5,030.35	202.00	Please pay. Balance Due.

SUMMARY OF CHARGES PENDING INSURANCE REVIEW

Account#	Date	Location	Total Charges	Balance Due	Comment
H100000900	01/29/06	Pali Momi	580.00	580.00	Claim submitted.

This is a monthly statement of all of your accounts that have a balance at either Pali Momi or Wilcox Memorial Hospital. This statement does not reflect physician charges, but is for hospital services only. (Physician charges are billed separately.) We have billed your insurance company if you provided insurance information to us. The total amount you owe is the remaining balance not covered by your insurance company. Please pay the amount shown in the Patient Balance Due by the date indicated on the remittance portion of this statement.

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

STATEMENT DATE	PAYMENT DUE DATE	PATIENT BALANCE DUE
02/01/2006	02/15/2006	$483.71
GUARANTOR NUMBER H600000001	PATIENT NAME ALOHA, MAILE	

IF PAYING BY CREDIT CARD, FILL OUT BELOW AND CHECK THE APPROPRIATE BOX → SHOW AMOUNT PAID HERE $ MASTERCARD ☐ AMEXP ☐ VISA ☐ DISCOVER ☐ JCB ☐ AMOUNT
CARD NUMBER EXP. DATE
SIGNATURE

Hawaii Pacific Health
55 Merchant Street, 24th floor, Honolulu HI 96813
ADDRESS SERVICE REQUESTED

Check box if your c has changed. Ple

Maile Aloha
111 Mokauea St
Honolulu, HI 96819

Hawaii Pacific Health
Mail Code 61147
P.O. Box 30660
Honolulu, HI 96820-0660

This section shows a breakdown of the amounts that you owe. [Your insurance company has already paid their portion of the charges.]

This section shows what we have submitted to your insurance company.

This is the number we assign to the person responsible for paying the patient's bill.

This is the total amount you owe. Please pay by credit card or check.

This is the date your payment is due.

Please make your check payable to Hawaii Pacific Health, the parent company of Wilcox, Pali Momi, Kapiolani and Straub hospitals.

DETAIL PAGE
Charges for individual visits

Hawaii Pacific Health
Oahu: 808-522-4013 Kauai: 808-245-1119
Toll Free: 1-866-266-3935

Patient Name: ALOHA, MAILE	
Statement Date 02/01/2006	Guarantor Number H600000001
Page # 2 OF 2	Patient Balance Due $483.71

STATEMENT OF HOSPITAL SERVICES
Physician Services are billed separately

DETAILED STATEMENT (listed by each hospital service or admission)

DATE	EXPLANATION OF ACTIVITY	HOSPITAL CHARGES	PAYMENTS/ ADJUSTMENTS
	Kapi'olani Medical Center at Pali Momi Account #: H100000876 HMSA/R000000000001		
01/05/06	0250 PHARMACY	146.40	
01/05/06	0270 MED-SUR SUPLIES	54.16	
01/05/06	0300 LABORATORY	54.60	
01/05/06	0480 CARDIOLOGY	660.00	
	0730 EKG/ECG	384.00	
01/28/06	CONTRACTUAL ADJUSTMENT		-909.84
01/28/06	INSURANCE PAYMENT		-107.61
	Account Totals:	1,299.16	
	Patient Balance Due:	281.71	-1,017.45
	Kapi'olani Medical Center at Pali Momi Account #: H100000878 HMSA/R000000000001		
01/12/06-01/14/06	0110 ROOM-BOARD/PVT	1,944.00	
	0250 PHARMACY	581.35	
	0260 IV THERAPY	584.00	
	0270 MED-SUR SUPPLIES	113.00	
	0300 LABORATORY	95.20	
	0306 LAB/BACT-MICRO	205.80	
	0402 ULTRASOUND	234.00	
	0450 EMERGENCY ROOM	1,071.00	
	0920 OTHER DX SVS	202.00	
01/30/06	CONTRACTUAL ADJUSTMENT		-781.35
01/30/06	INSURANCE PAYMENT		-4,047.00
	Account Totals:	5,030.35	
	Patient Balance Due:	202.00	-4,828.35

The hospital where you received your services.

An account number is assigned to each visit.

Your insurance company name and member number.

List of charges for services you received.

List of payments and adjustments made to your account.

Total charges for the visit, and the balance owed on this visit.

THIS PAGE IS ORGANIZED BY DATE OF SERVICE.
EACH VISIT HAS A SEPARATE DETAILED SECTION.