


Reading Client Statements for HealthEast Medical Laboratory (HML)

Client statements for HealthEast Medical Laboratory (HML) show the current balance due by calculating the previous charges less any payments or adjustments, plus any new charges for the current statement cycle, less any payments or adjustments made on the accounts. Statements also include detailed information for new charges within the current statement cycle.

1. The top of the statement lists the total balance due for the client as well as the due date and the client name and client guarantor number.

	Your Responsibility	Due Date	Guarantor #
	\$30,411.69	08/31/15	1234 Client Name

2. The **Account Summary** will list any payments received, adjustments and new charges since the last statement. The very last line will be what is owed to HealthEast.

Your Account Summary		Questions About Your Bill?
Your previous account balance	\$49.22	We value your business. If we can help explain any element of your bill or support your business, please contact us (651) 232-1122
What you've paid since last statement	-	
Account level adjustments since last statement	-	For assistance with your statement, visit: http://www.healtheast.org/hml/
Your new activity (charges/credits)	+	
Your current account balance	\$49.22	
Total Amount you Owe by 06/29/16	\$49.22	Contact your account executive to understand how to view your statements and make payments online!

- a. The **New Charges** section displays all of the new charges added since the previous statement. *Note: if you see a negative amount in the new charges section, that means the charge was credited to the client and likely billed to the patient.*

New Charges Summary (Charges and Credits)		
Account #	Date	Amount
Total New Charges		\$0.00

- b. The **Payments** section displays payments made on the account since the last statement. Since payments are credits on the account, the total for this section is a negative amount. *Note: If a payment results in an account being paid in full, neither the payment nor the account in the Previous Charges section will show on the statement.*

Payments			
Post Date	Account #	Description	Amount
07/13/15	999999999	PATIENT PAYMENT - 07/13/15	-1,601.44
Total Payments			-1,601.44

- c. The **Adjustments** section displays any adjustments made on the account. Example: *Administrative Write Off.*

Adjustments			
Post Date	Account #	Description	Amount
Total Adjustments			0.00

Example: totals for this guarantor account would be \$23,009.54 + \$9,003.59 + -1601.44 = \$30,411.69

3. The statement also includes detail charge information for all of the new charges from the **New Charges** section broken out by account and then by patient.

New Charge Detail					
Service Date	Service Provider	CPT® Code	Description	Amount	Client MRN
Services for 06/01/2015 - 6/30/2015			Acct # 999999997		
Patient: Jane Doe MRN: Sex: Female DOB: SSN:					
06/30/2015		84443	HC TSH	-16.63	
Patient: John Doe MRN: Sex: Male DOB: SSN:					
06/05/2015		36415	HC VENIPUNCTURE	-5.00	
06/05/2015		85025	HC HEMOGRAM 1 (WITH DIFFERENTIAL)	-11.71	
06/05/2015		P9803	HC TRAVEL PER MILEAGE TRIP.	-1.03	
06/10/2015		36415	HC VENIPUNCTURE	-5.00	
06/10/2015		85025	HC HEMOGRAM 1 (WITH DIFFERENTIAL)	-11.71	
06/10/2015		P9803	HC TRAVEL PER MILEAGE TRIP.	-1.03	
06/11/2015		P9803	HC TRAVEL PER MILEAGE TRIP.	-1.03	
06/17/2015		36415	HC VENIPUNCTURE	-5.00	
06/17/2015		85025	HC HEMOGRAM 1 (WITH DIFFERENTIAL)	-11.71	
06/17/2015		P9803	HC TRAVEL PER MILEAGE TRIP.	-1.03	
		Total charges for Doe, John		-54.25	
Services for 07/01/2015 - 7/31/2015			Acct # 999999996		
Patient: Janice Doe MRN: Sex: Female DOB: SSN:					
07/27/2015		36415	HC VENIPUNCTURE	5.00	
07/27/2015		85610	HC PROTHROMBIN TIME	7.29	
07/27/2015		P9803	HC TRAVEL PER MILEAGE TRIP.	1.03	
07/28/2015		36415	HC VENIPUNCTURE	5.00	
07/28/2015		80048	HC BASIC METABOLIC PROFILE	13.55	
07/28/2015		85610	HC PROTHROMBIN TIME	7.29	
07/28/2015		P9803	HC TRAVEL PER MILEAGE TRIP.	1.03	
07/29/2015		36415	HC VENIPUNCTURE	5.00	
07/29/2015		80048	HC BASIC METABOLIC PROFILE	13.55	
07/29/2015		85610	HC PROTHROMBIN TIME	7.29	
07/29/2015		P9803	HC TRAVEL PER MILEAGE TRIP.	1.03	

Please call our HML Billing Office 651-232-1122 with questions or concerns.
www.healtheast.org/hml