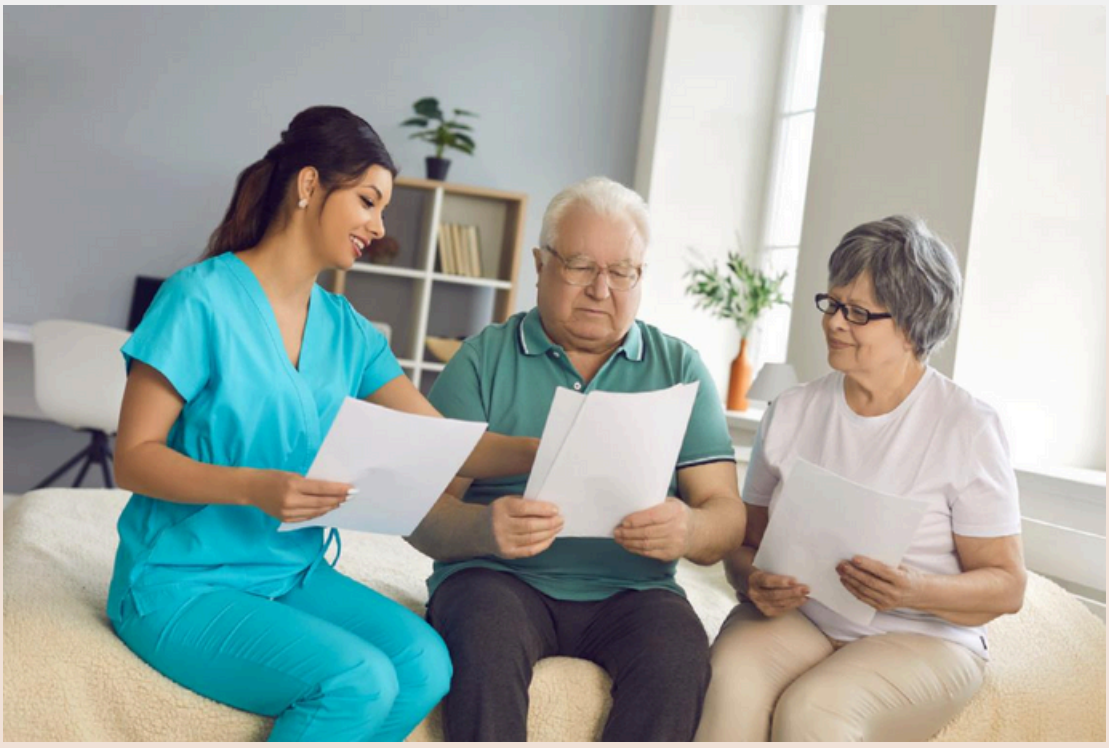
CÓMO LEER UNA EXPLICACIÓN DE BENEFICIOS Y FACTURA MÉDICA

Investigador Principal

Gelareh Sadigh, MD
Departamento de Ciencias

Radiológicas
Universidad de California, Irvine



UCI Health

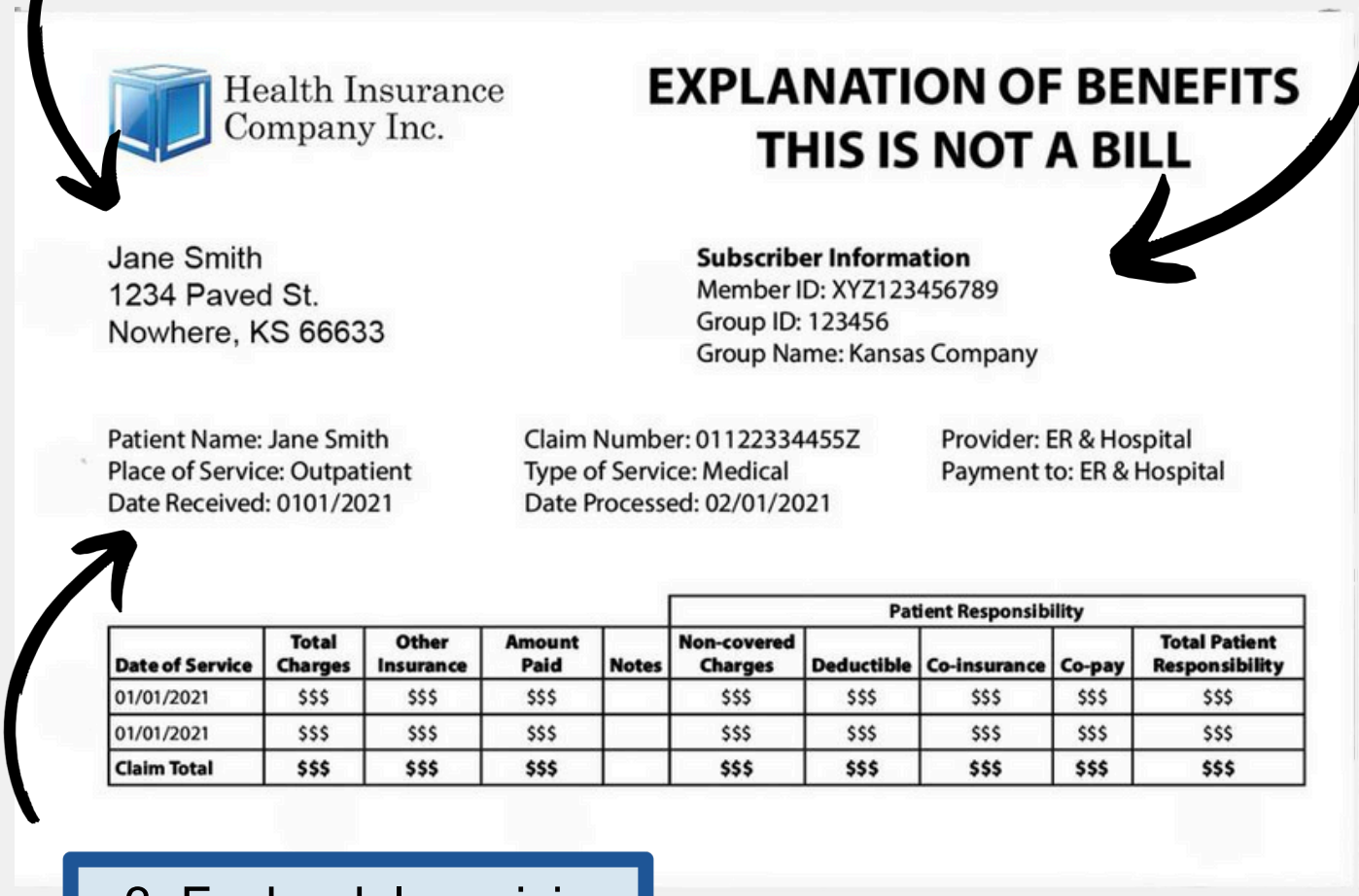
TABLA DE CONTENIDO

Explicación de Beneficios

Explicación de beneficios (NO la factura real) es un documento de sus planes de seguros de salud, el cual describe:

1. Su nombre y domicilio

2. La información de su seguro



Health Insurance Company Inc.

EXPLANATION OF BENEFITS
THIS IS NOT A BILL

Jane Smith
1234 Paved St.
Nowhere, KS 66633

Subscriber Information
Member ID: XYZ123456789
Group ID: 123456
Group Name: Kansas Company

Patient Name: Jane Smith
Place of Service: Outpatient
Date Received: 0101/2021

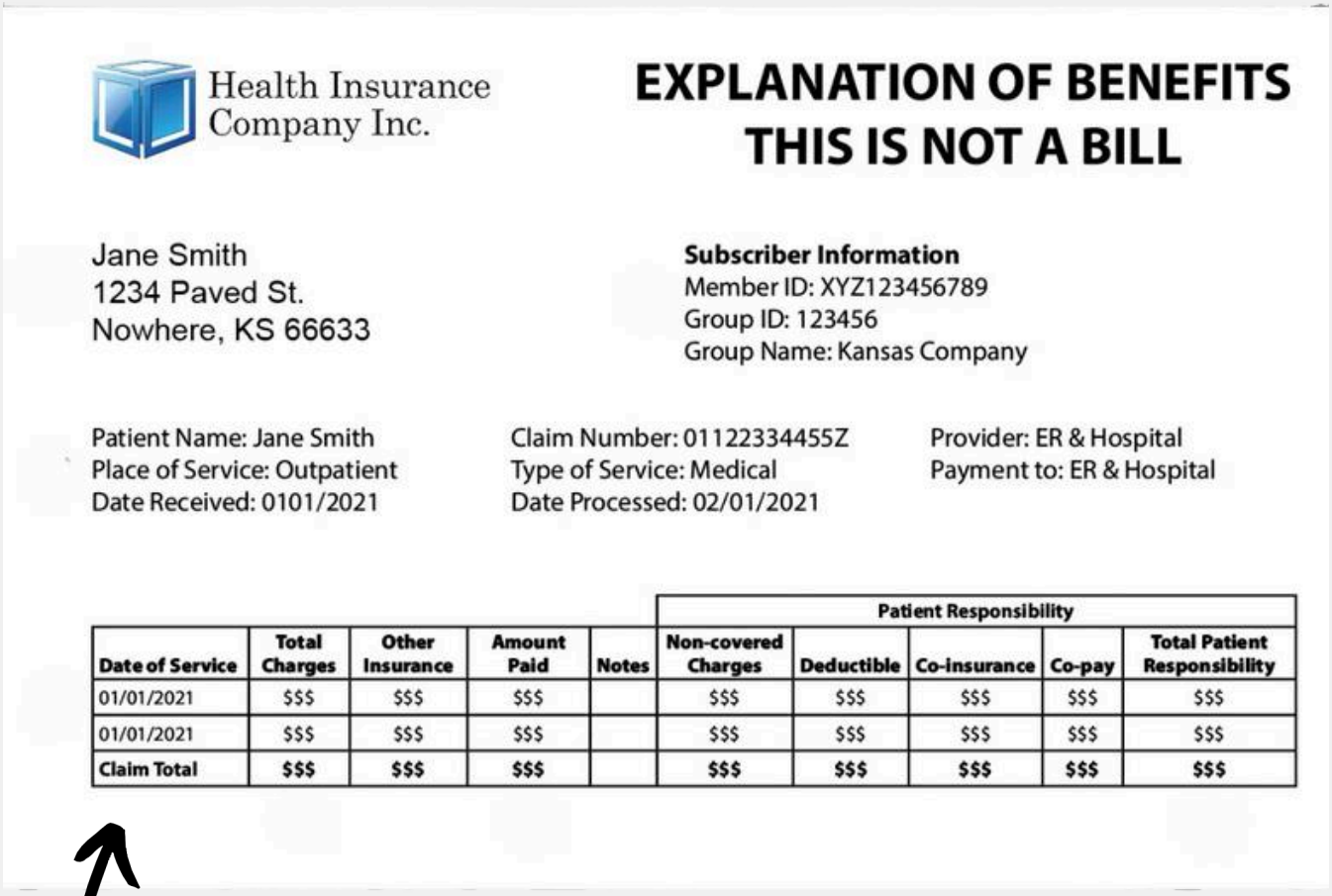
Claim Number: 01122334455Z
Type of Service: Medical
Date Processed: 02/01/2021

Provider: ER & Hospital
Payment to: ER & Hospital

					Patient Responsibility				
Date of Service	Total Charges	Other Insurance	Amount Paid	Notes	Non-covered Charges	Deductible	Co-insurance	Co-pay	Total Patient Responsibility
01/01/2021	$$$	$$$	$$$		$$$	$$$	$$$	$$$	$$$
01/01/2021	$$$	$$$	$$$		$$$	$$$	$$$	$$$	$$$
Claim Total	**$$$**	**$$$**	**$$$**		**$$$**	**$$$**	**$$$**	**$$$**	**$$$**

3. Fecha del servicio y detalles del prestador

Explicación de Beneficios



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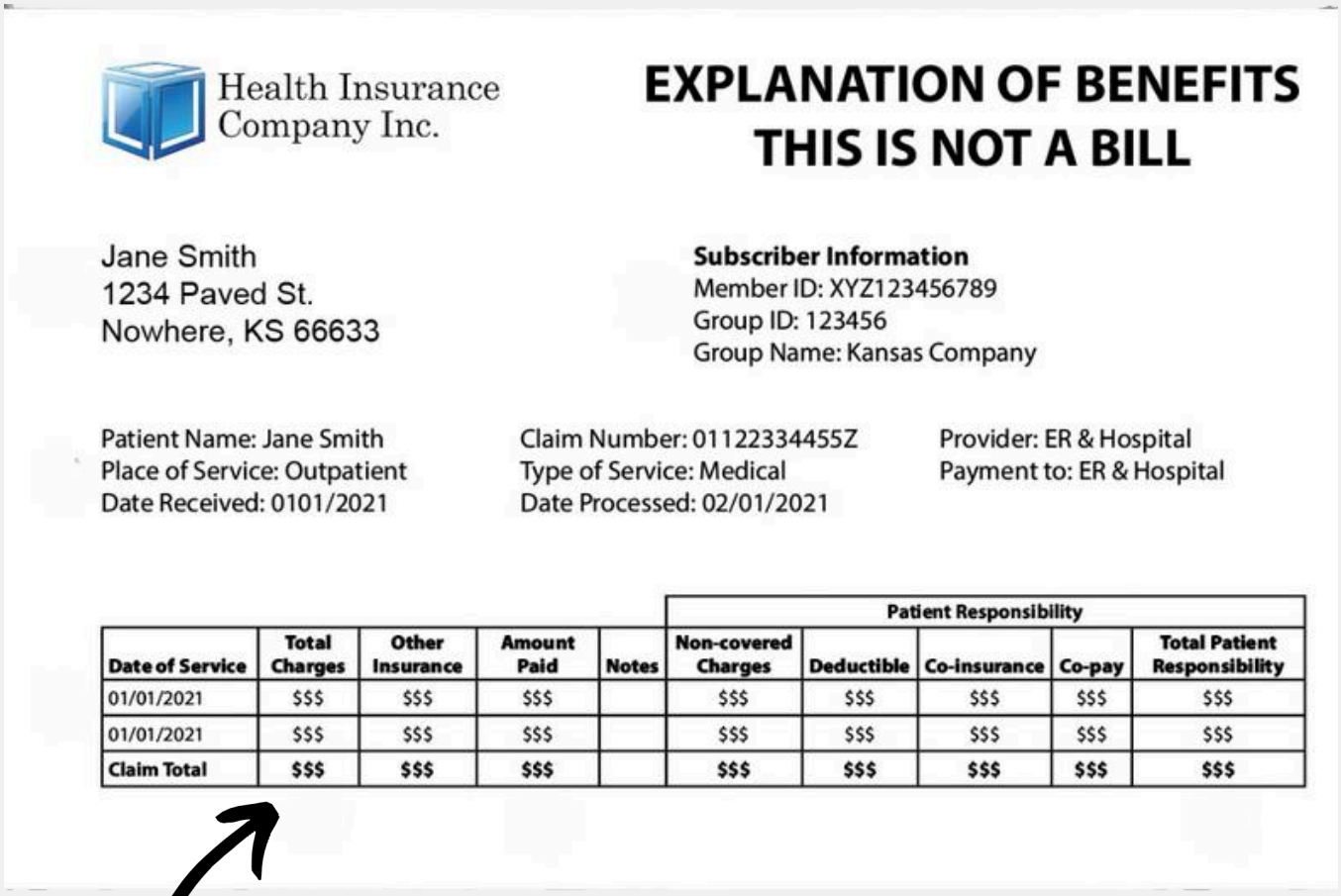
01/01/2021	$$$	$$$	$$$		$$$	$$$	$$$	$$$	$$$
01/01/2021	$$$	$$$	$$$		$$$	$$$	$$$	$$$	$$$
Claim Total	**$$$**	**$$$**	**$$$**		**$$$**	**$$$**	**$$$**	**$$$**	**$$$**

4. **Detalles del Servicio:**
Normalmente enumera servicios individuales, el monto que pagó su asegurador, su deducible, y montos de copagos.

Explicación de Beneficios



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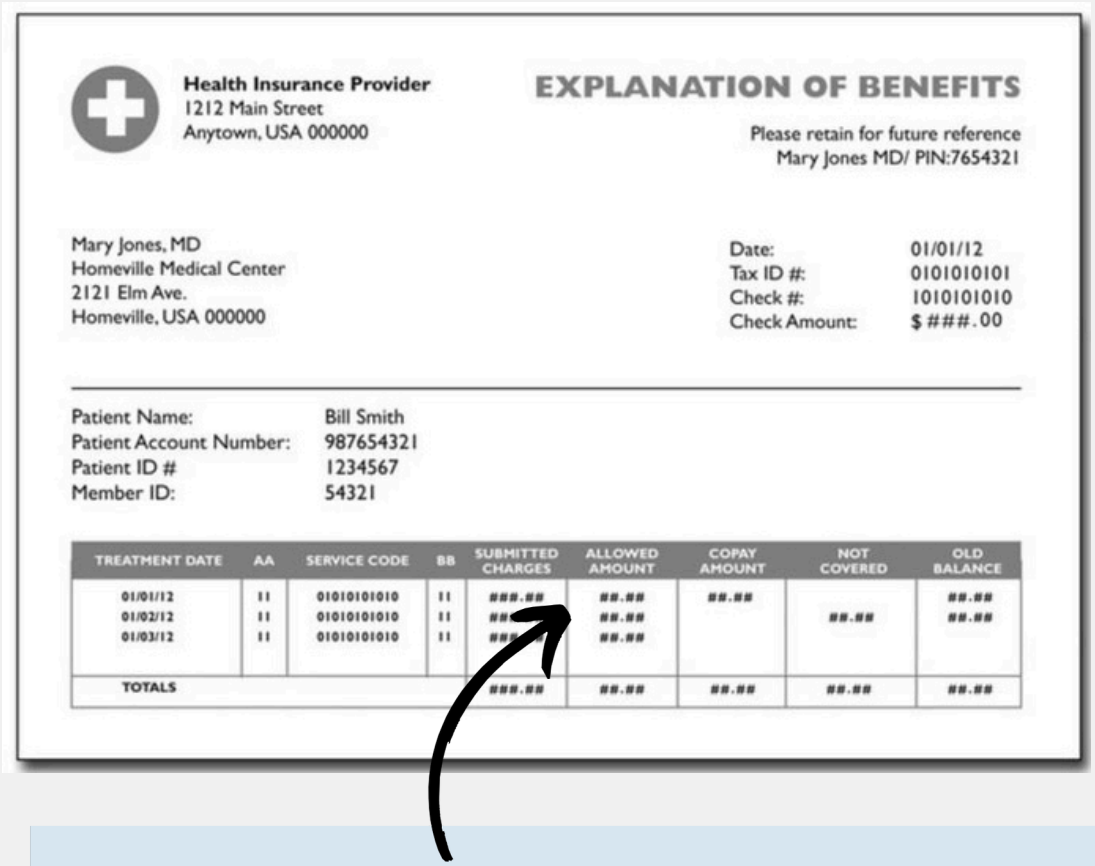
01/01/2021	$$$	$$$	$$$		$$$	$$$	$$$	$$$	$$$
01/01/2021	$$$	$$$	$$$		$$$	$$$	$$$	$$$	$$$
Claim Total	**$$$**	**$$$**	**$$$**		**$$$**	**$$$**	**$$$**	**$$$**	**$$$**

5. “Cargos Totales” también llamados “Monto Total Cobrado” o “Total Facturado”, son el costo de los servicios o suministros que el prestador le factura a usted.

Explicación de Beneficios



Health Insurance Provider
1212 Main Street
Anytown, USA 000000

EXPLANATION OF BENEFITS

Please retain for future reference
Mary Jones MD/ PIN:7654321

Mary Jones, MD
Homeville Medical Center
2121 Elm Ave.
Homeville, USA 000000

Date:	01/01/12
Tax ID #:	0101010101
Check #:	1010101010
Check Amount:	$ ###.00

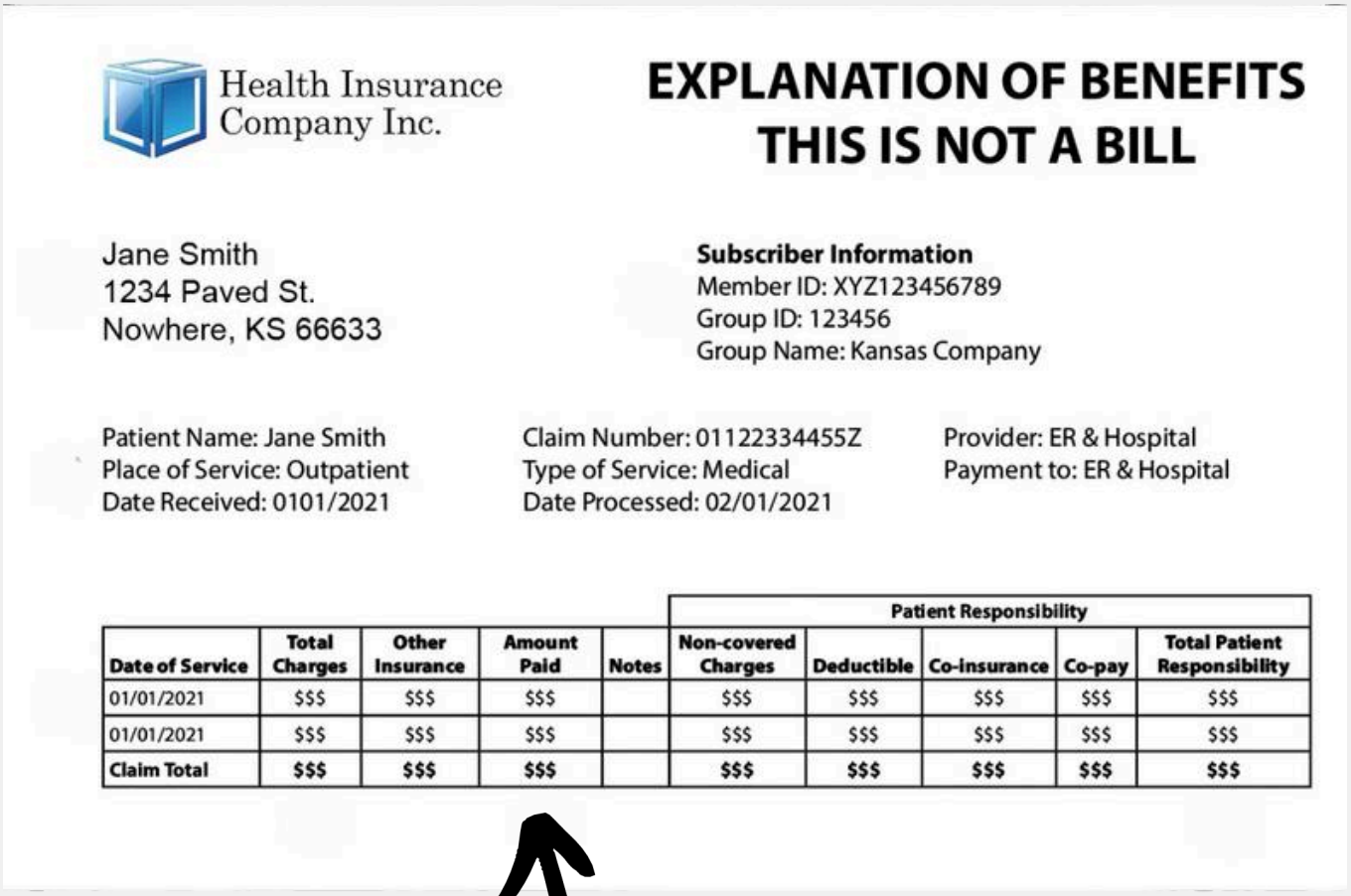
Patient Name:	Bill Smith
Patient Account Number:	987654321
Patient ID #	1234567
Member ID:	54321

TREATMENT DATE	AA	SERVICE CODE	BB	SUBMITTED CHARGES	ALLOWED AMOUNT	COPAY AMOUNT	NOT COVERED	OLD BALANCE
01/01/12	11	01010101010	11	###.##	##.##	##.##		##.##
01/02/12	11	01010101010	11	###.##	##.##		##.##	##.##
01/03/12	11	01010101010	11	###.##	##.##			
TOTALS				###.##	##.##	##.##	##.##	##.##

6. “Monto Permitido” también llamado, “Gasto Elegible” u “Honorario Negociado” es el monto máximo que un plan pagará por su servicio cubierto.

Si su prestador o centro de atención no participa en la red del plan de su seguro de salud y los cargos superan el monto permitido por el plan, usted podría tener que pagar la diferencia.

Explicación de Beneficios



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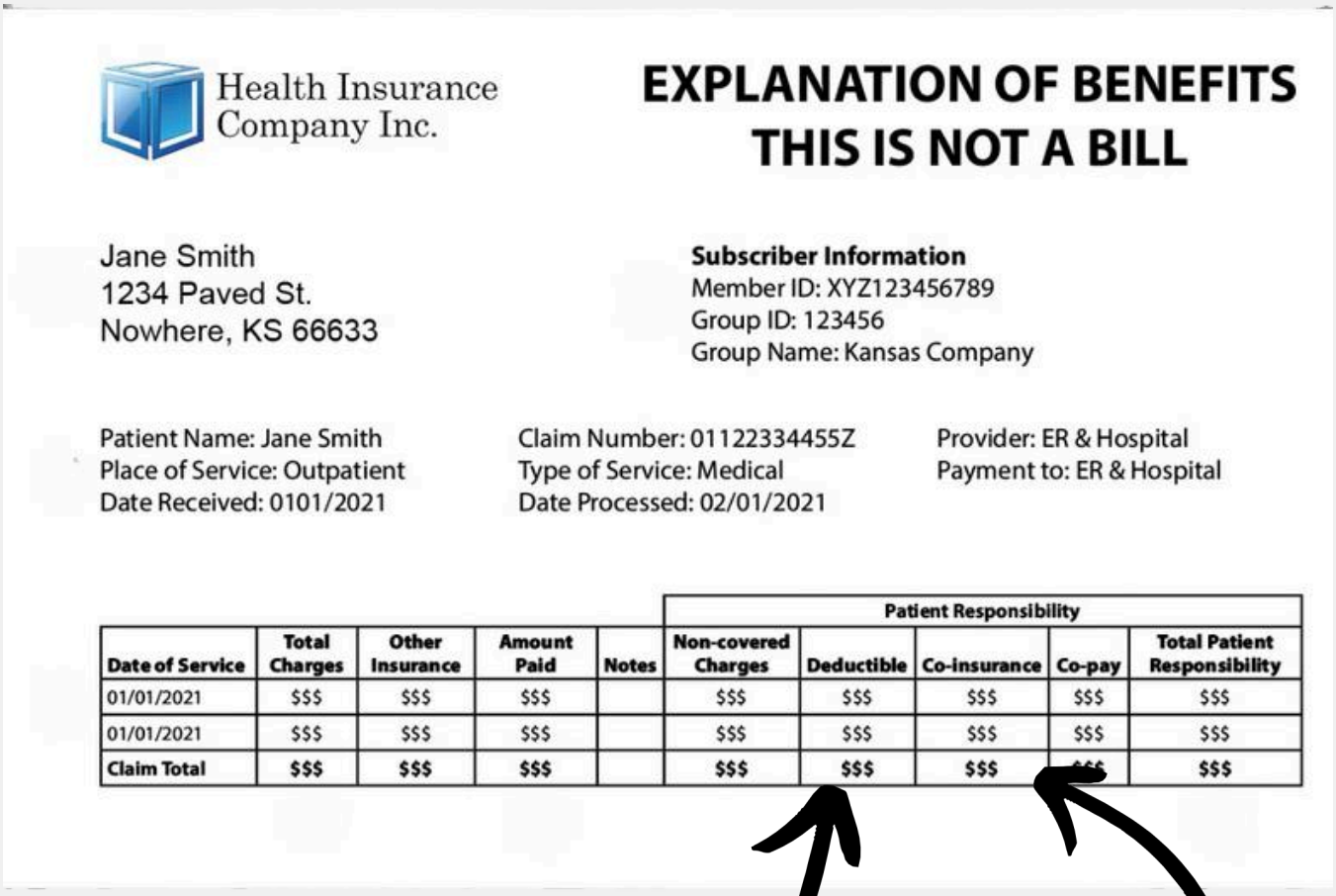
01/01/2021	$$$	$$$	$$$		$$$	$$$	$$$	$$$	$$$
01/01/2021	$$$	$$$	$$$		$$$	$$$	$$$	$$$	$$$
Claim Total	**$$$**	**$$$**	**$$$**		**$$$**	**$$$**	**$$$**	**$$$**	**$$$**

7. Monto total que pagó su asegurador.

Explicación de Beneficios



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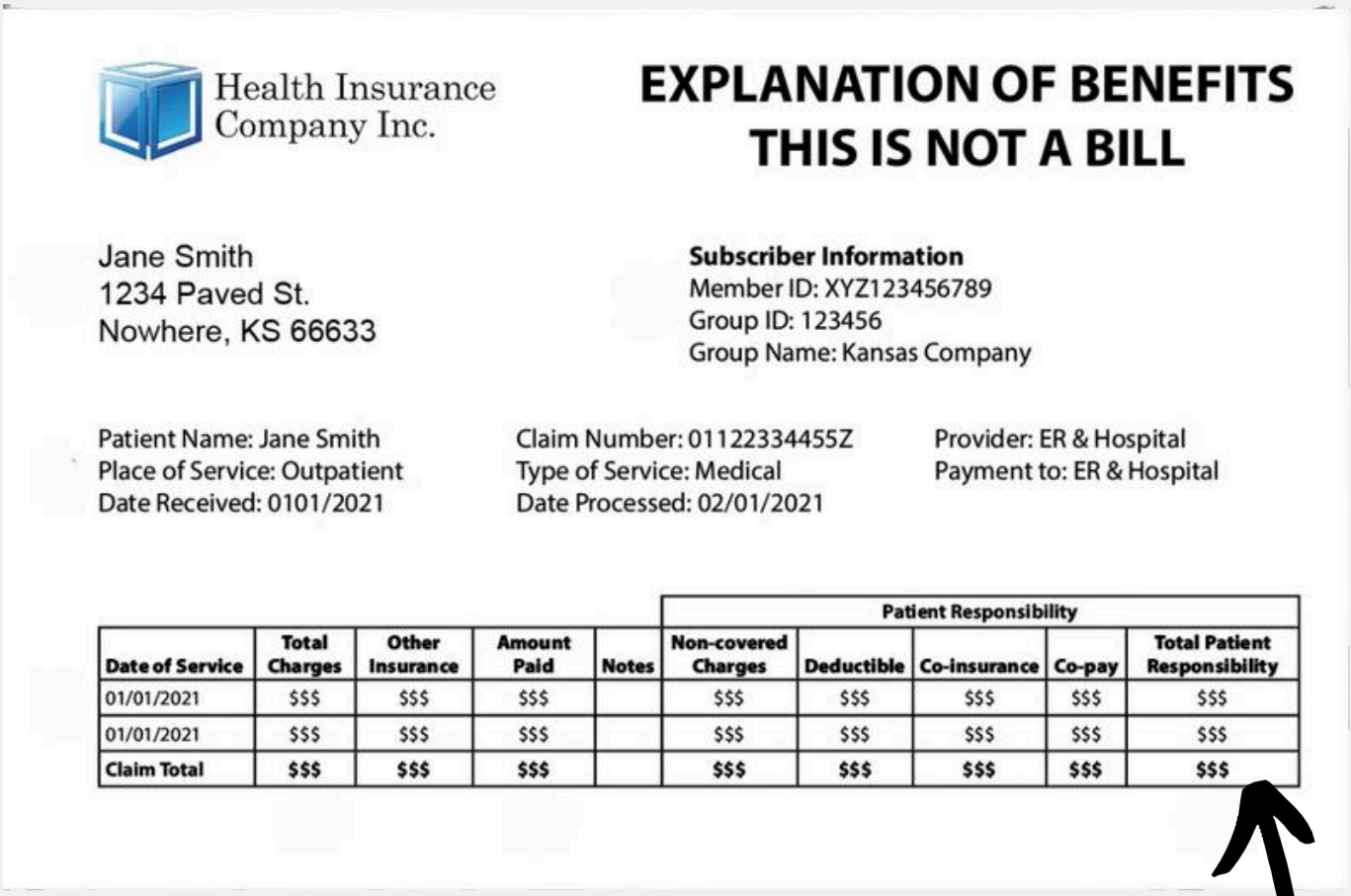
01/01/2021	$$$	$$$	$$$		$$$	$$$	$$$	$$$	$$$
Claim Total	**$$$**	**$$$**	**$$$**		**$$$**	**$$$**	**$$$**	**$$$**	**$$$**

8. **Deducible:** Es el monto que usted tiene que pagar antes de que su seguro comience a pagar.

9.**Copagos y Coaseguro:** Los Copagos son montos fijos (como $20 por una visita al médico), mientras que el coaseguro es un porcentaje del costo (de alrededor de un 20%).

Explicación de Beneficios



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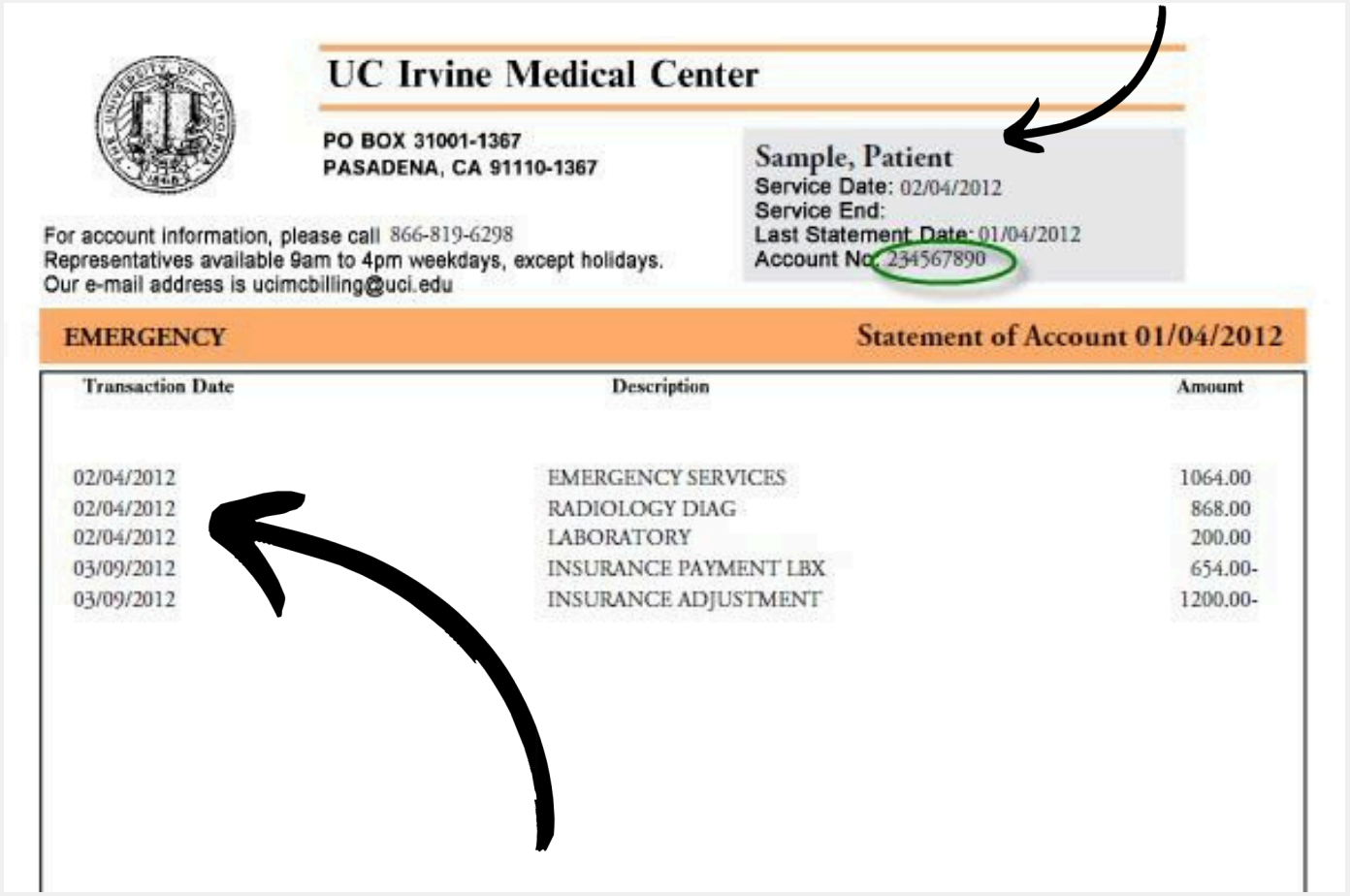
Claim Total	**$$$**	**$$$**	**$$$**		**$$$**	**$$$**	**$$$**	**$$$**	**$$$**

10. Monto total que usted tiene que pagar

Factura Médica

1. Su nombre y domicilio
2. En la parte superior de la página, usted también puede ver al prestador y dónde recibió la atención.



UC Irvine Medical Center

PO BOX 31001-1367
PASADENA, CA 91110-1367

Sample, Patient
Service Date: 02/04/2012
Service End:
Last Statement Date: 01/04/2012
Account No: 234567890

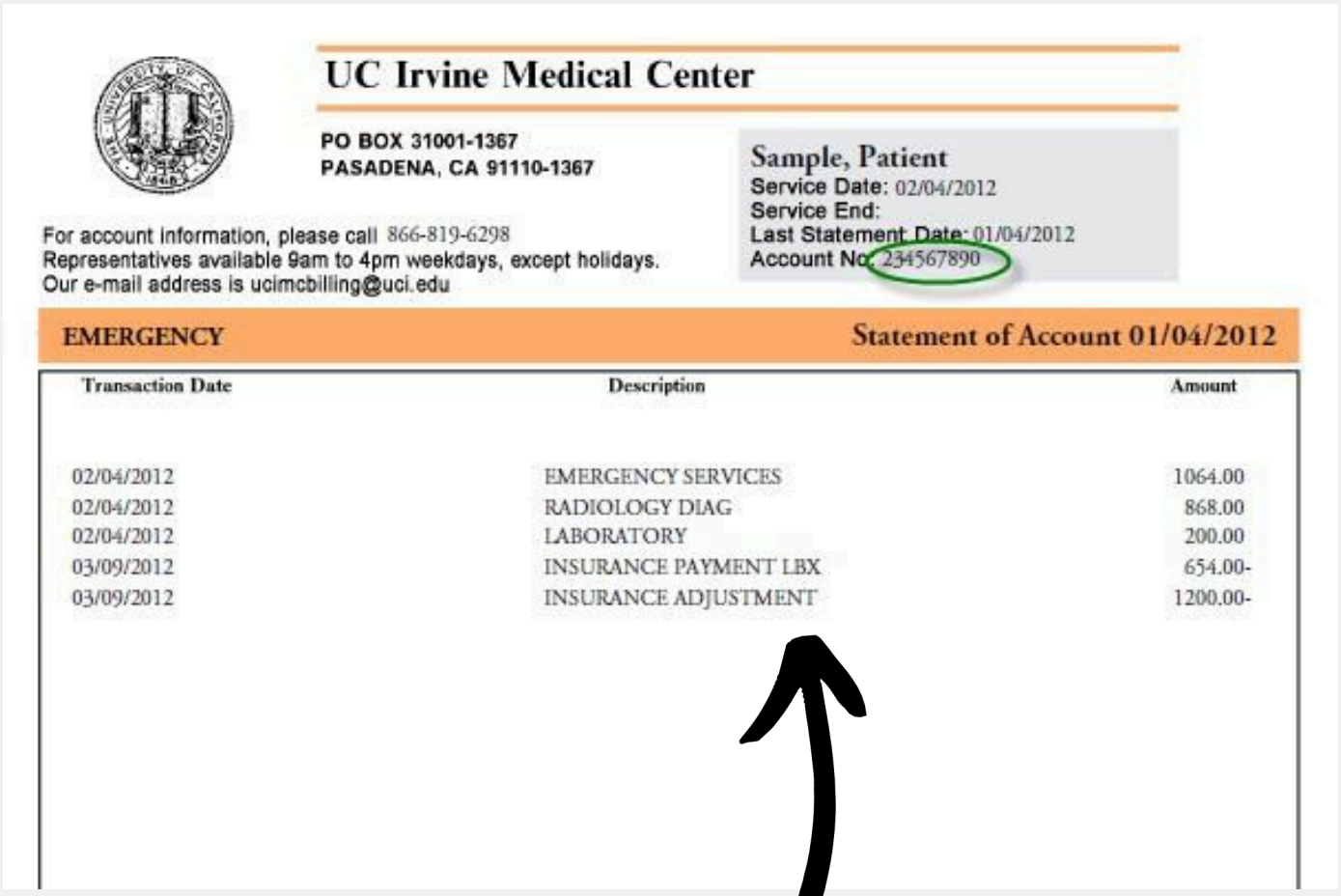
For account information, please call 866-819-6298
Representatives available 9am to 4pm weekdays, except holidays.
Our e-mail address is ucimcbilling@uci.edu

EMERGENCY — **Statement of Account 01/04/2012**

Transaction Date	Description	Amount
02/04/2012	EMERGENCY SERVICES	1064.00
02/04/2012	RADIOLOGY DIAG	868.00
02/04/2012	LABORATORY	200.00
03/09/2012	INSURANCE PAYMENT LBX	654.00-
03/09/2012	INSURANCE ADJUSTMENT	1200.00-

3. Fecha del servicio

Factura Médica



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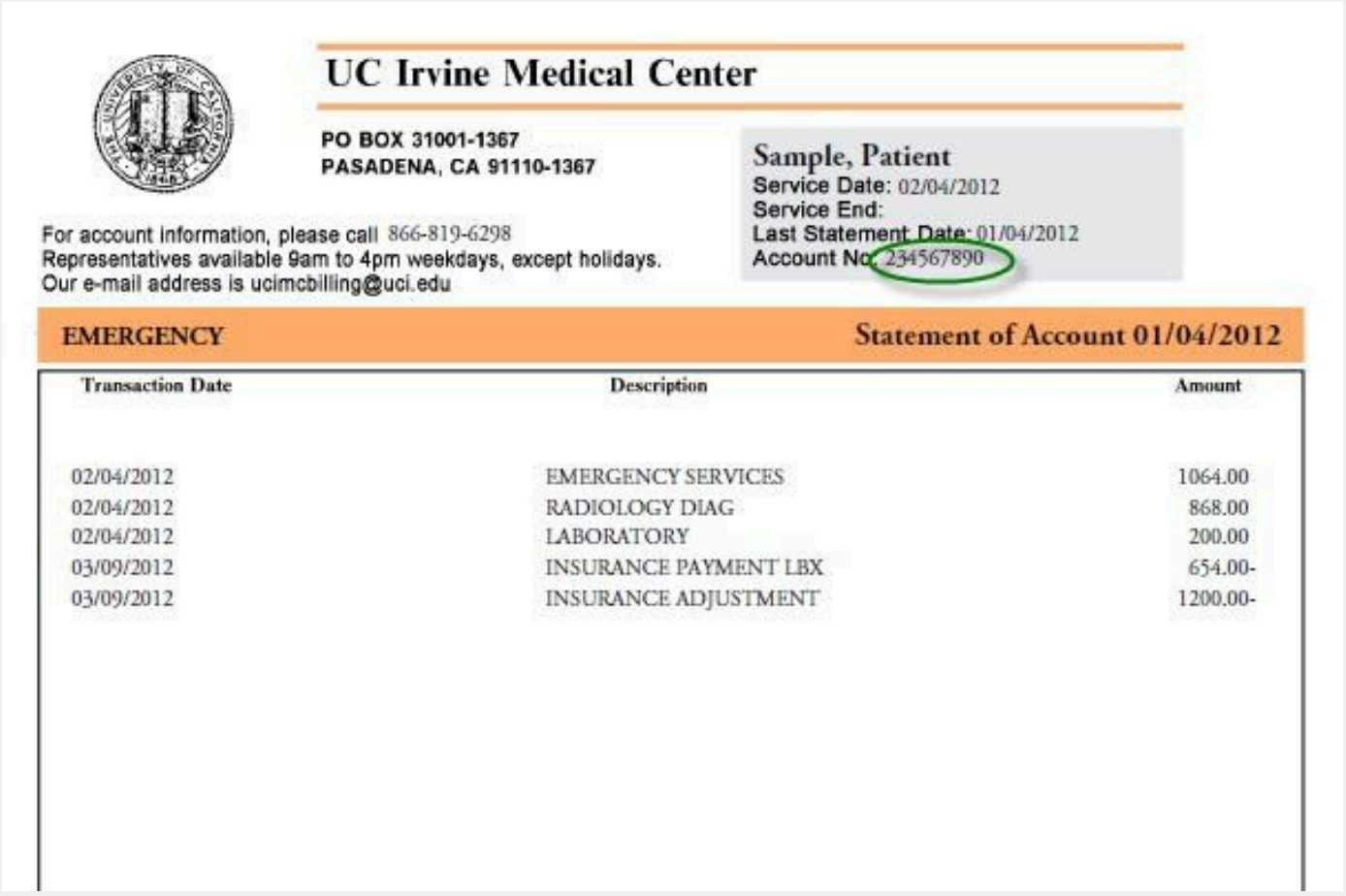
03/09/2012	INSURANCE PAYMENT LBX	654.00-
03/09/2012	INSURANCE ADJUSTMENT	1200.00-

4. Descripción del servicio (Usted también puede ver códigos médicos).

Factura Médica



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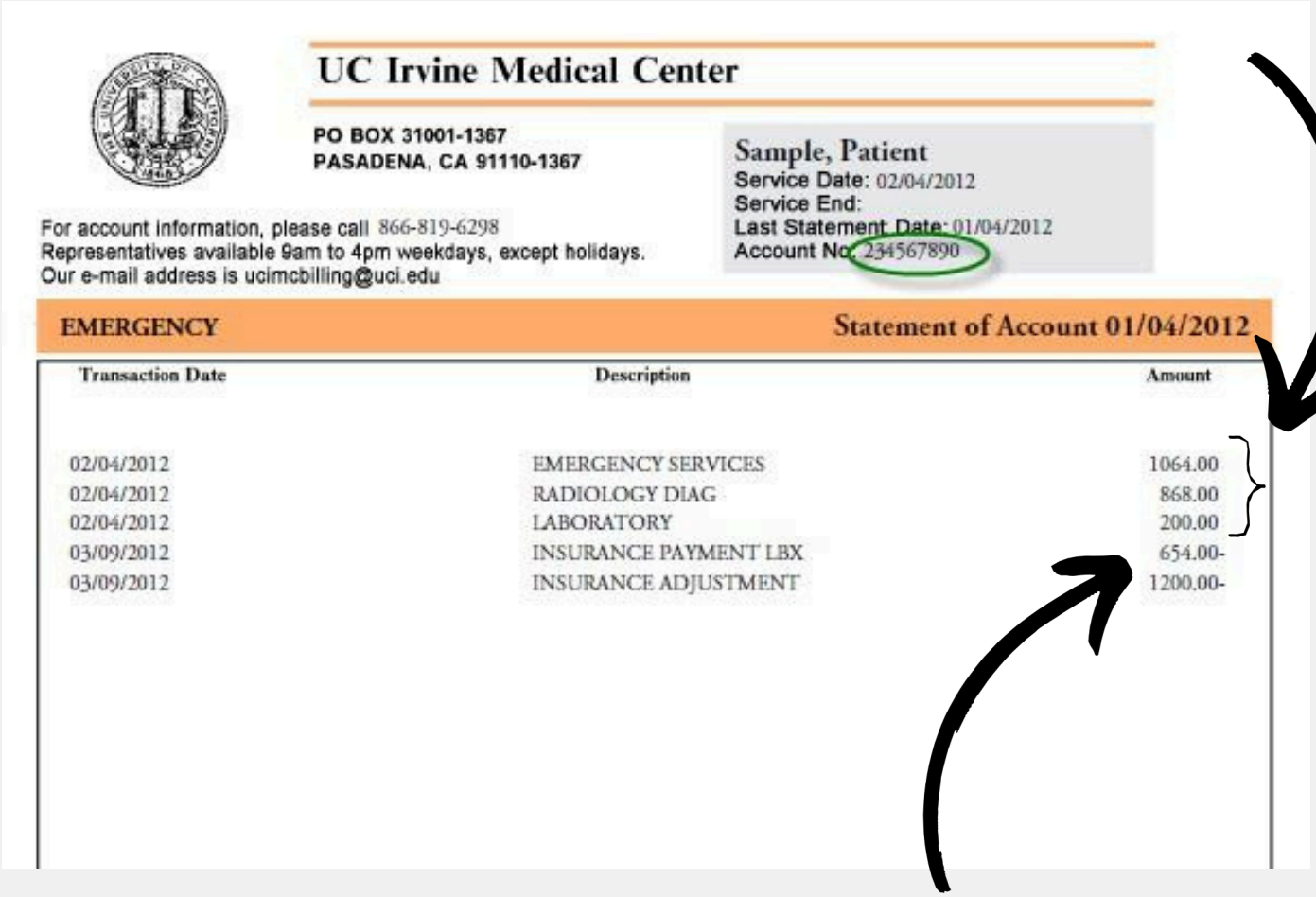
03/09/2012	INSURANCE ADJUSTMENT	1200.00-

5. Asegúrese siempre de que los servicios que usted recibió se vean en la factura y también que estén alineados con la fecha del servicio.

6. Contacte a su médico o a la oficina de facturación del centro de servicio si piensa que alguna información es incorrecta.

Factura Médica

7. **Total de cargos:** Este es el precio total por los servicios o suministros.



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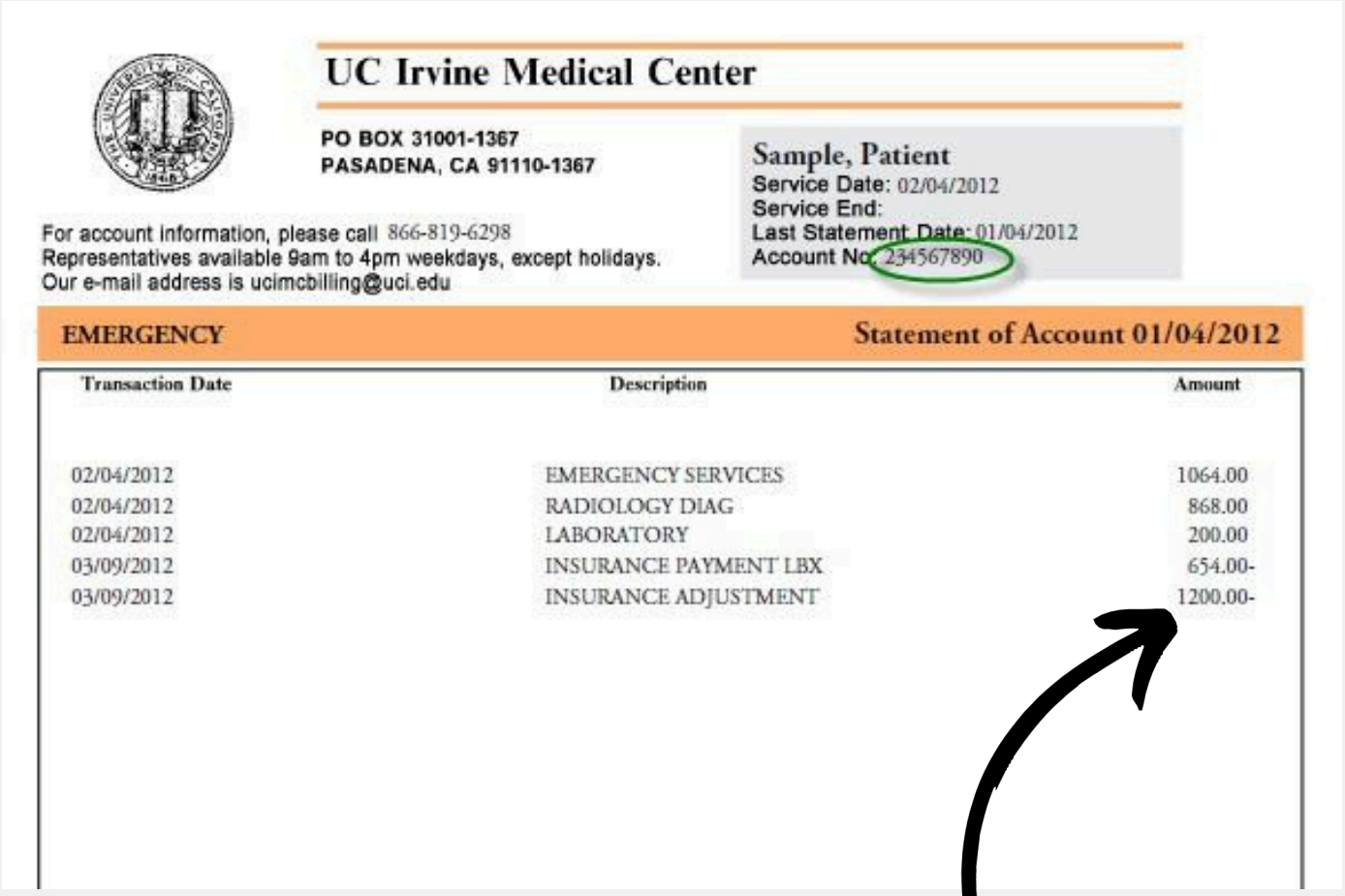
03/09/2012	INSURANCE ADJUSTMENT	1200.00-

8. **Pago del Seguro:** Este es el monto que pagó o se espera que pague su seguro (si usted tiene seguro), hasta el monto máximo permitido.

Factura Médica



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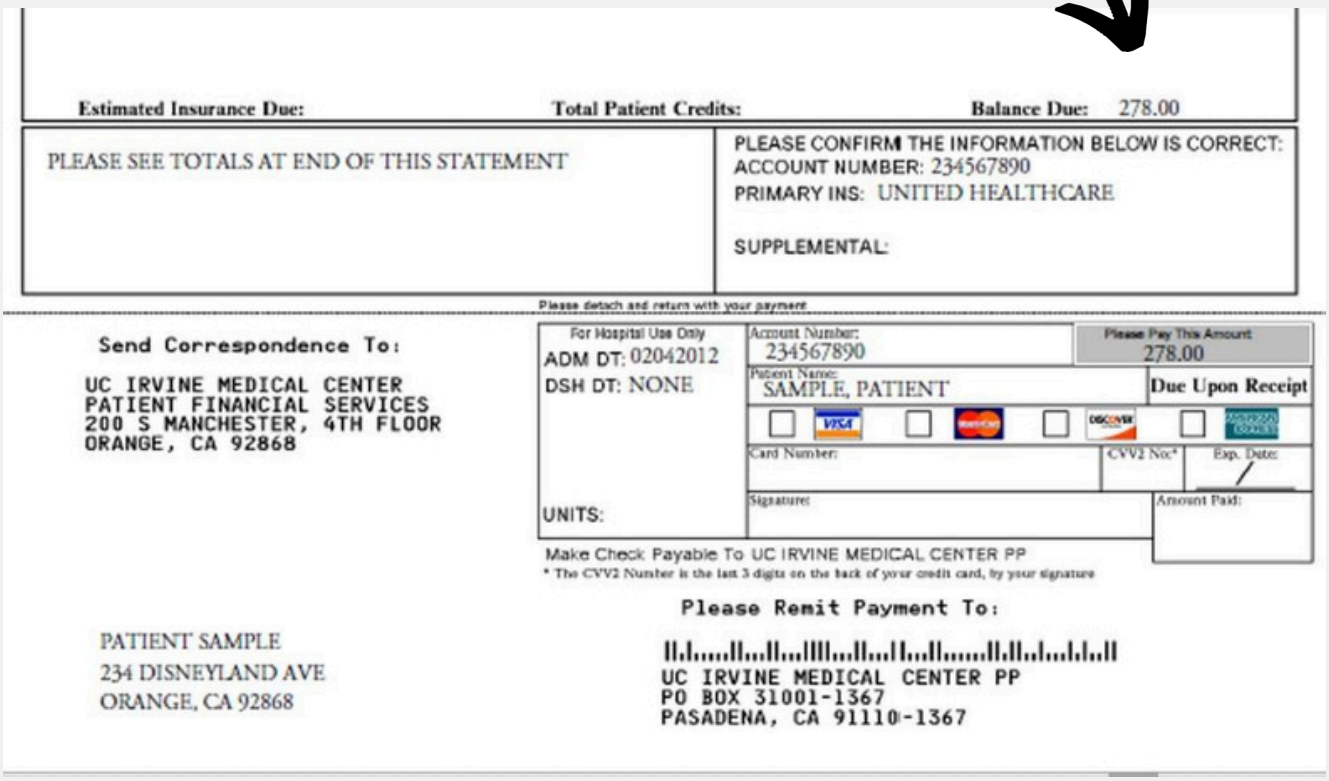
03/09/2012	INSURANCE ADJUSTMENT	1200.00-

Algunas veces la factura muestra un "Pago del Paciente" el cual es cualquier monto que usted ya haya pagado a su prestador o centro de atención por el servicio o suministro, tal como un copago.

9. **Ajustes:** Este es el monto que sus prestadores o centro de atención restan de los cargos totales.

Factura Médica

Usualmente al final de la factura está "Saldo Deudor", el cual es el monto que fue calculado después de que los servicios fueron prestados y después de que el plan del seguro haya pagado su porción y haya ajustado el costo para usted.



Estimated Insurance Due: | Total Patient Credits: | Balance Due: 278.00

PLEASE SEE TOTALS AT END OF THIS STATEMENT

PLEASE CONFIRM THE INFORMATION BELOW IS CORRECT:
ACCOUNT NUMBER: 234567890
PRIMARY INS: UNITED HEALTHCARE

SUPPLEMENTAL:

Please detach and return with your payment

Send Correspondence To:

UC IRVINE MEDICAL CENTER
PATIENT FINANCIAL SERVICES
200 S MANCHESTER, 4TH FLOOR
ORANGE, CA 92868

For Hospital Use Only
ADM DT: 02042012
DSH DT: NONE

UNITS:

Account Number: 234567890
Please Pay This Amount: 278.00
Patient Name: SAMPLE, PATIENT
Due Upon Receipt

Card Number: | CVV2 No:* | Exp. Date:
Signature: | Amount Paid:

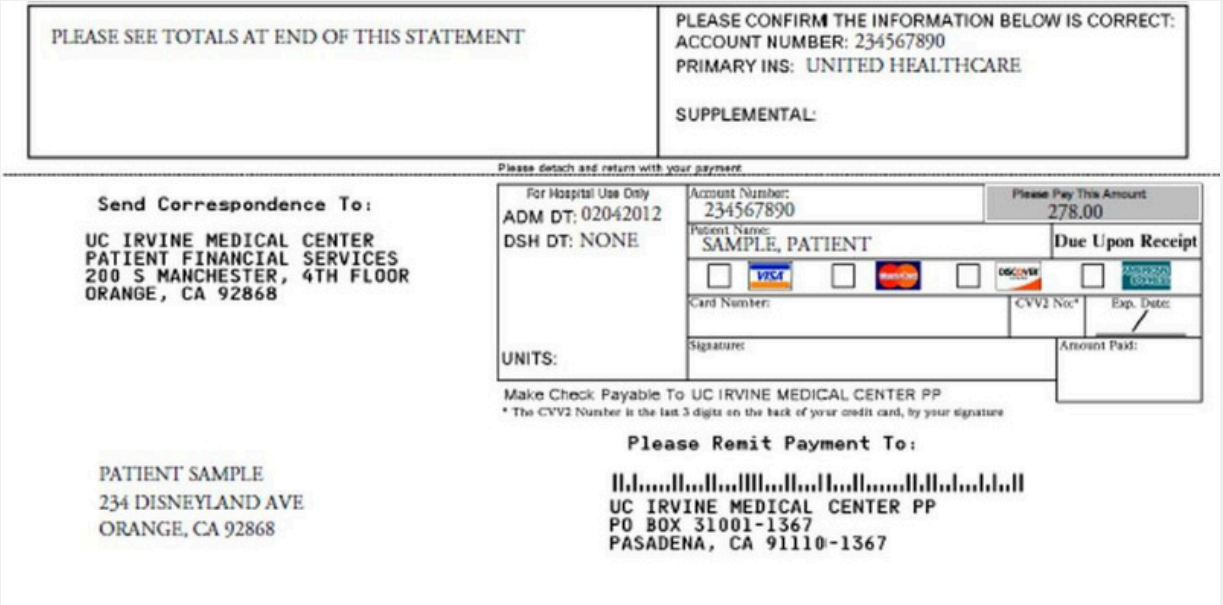
Make Check Payable To UC IRVINE MEDICAL CENTER PP
* The CVV2 Number is the last 3 digits on the back of your credit card, by your signature

PATIENT SAMPLE
234 DISNEYLAND AVE
ORANGE, CA 92868

Please Remit Payment To:

UC IRVINE MEDICAL CENTER PP
PO BOX 31001-1367
PASADENA, CA 91110-1367

¿Qué es lo que usted paga?



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Card Number:

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Amount Paid:

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PASADENA, CA 91110-1367

- Esto se encuentra usualmente en la parte superior o al final de la factura.
- Mire aquí para encontrar diferentes formas de pagar su factura y a quién pagar.
- Usted siempre puede llamar a la oficina de facturación para preguntar acerca del plan de pagos o pedir asistencia si no puede pagar el monto total.

VIDEO DEL FOLLETO

SI DESEA VER UN VIDEO SOBRE "CÓMO LEER UNA EXPLICACIÓN DE BENEFICIOS Y UNA FACTURA MÉDICA", ESCANEE EL CÓDIGO QR ARRIBA.

ESTE MATERIAL EDUCATIVO ESTÁ FINANCIADO POR UN SUBSIDIO POR DISPARIDAD DE SALUD CAUSADA POR EL CÁNCER, CONCEDIDO POR EL CENTRO COMPREHENSIVO DEL CÁNCER CHAO FAMILY DE LA UNIVERSIDAD DE CALIFORNIA IRVINE