


How to Understand Your Statement



ARROWHEAD REGIONAL MEDICAL CENTER
 PATIENT ACCOUNTS DEPARTMENT
 400 N. Pepper Ave. • Colton, CA 92324-1819
 1 (877) 818-0672 • FAX (909) 580-2677

PATIENT NAME _____
 GUARANTOR _____

AMOUNT ENCLOSED		PAGE	
\$			

PATIENT ACCOUNT NUMBER	ADMISSION DATE	DISCHARGE DATE	BILLING DATE
INSURANCE COVERAGE		POLICY NUMBER	

PLEASE DETACH AT PERFORATION AND RETURN WITH YOUR REMITTANCE

SERVICE DATE	DESCRIPTION	QTY.	AMOUNT
ACCOUNT NUMBER			
TOTAL			
TOTAL CREDITS			
TOTAL DUE			
ESTIMATED INSURANCE COVERAGE			Amount being billed to Insurance
ESTIMATED PATIENT DUE			Responsibility of Patient

73-100120-2 (1/17/0)
 This bill contains charges for hospital services. Charges for physician services related to your care may be billed separately.
 (Additional information regarding this bill/statement can be found on the reverse side.)
 (Información adicional tocante a esta cuenta/cobro se encuentra al reverso de esta hoja)

Please look at the bottom right hand side of the statement. If there is a balance listed next to “Estimated Insurance Due”, it is to inform you we are billing your insurance. If there is a balance listed next to “Estimated Patient Due ” your insurance has indicated to our office you are responsible to pay either a deductible, co-pay, co-insurance or responsibility of the claim.