



Account Number: 0000  
 Responsible Party: Selfpay DJGTest  
 Statement Date: March 28, 2022

## Important Information

**We do not have your insurance file on record.**

We did not receive your insurance information and your payment of **\$0000.00** for these services is your responsibility, **due by April 25, 2022.**

If you have insurance, please update your UH MyChart Account or call us at 800-859-5906.

## Account Summary

Total Charges	\$0000.00
Insurance Payments	\$0000.00
Insurance Adjustments	\$0000.00
Patient Payments	\$0000.00
Patient Adjustments	\$0000.00
<b>Total Remaining Balance</b>	<b>\$0000.00</b>
<b>Minimum Payment Due</b>	<b>\$0000.00</b>

Minimum payment due by September 30, 2023.

## Pay Your Bill

There are three easy ways to pay your bill.

**Pay Online**

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**Make an Account:**  
 UHhospitals.org/Activate

**Account Activation Code:**  
 5ZB7W-J7XV3-BZ9DW

Or, pay as a guest using your account number and name.

**Pay By Phone**

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**Call:**  
 800-859-5906

**Operating Hours:**  
 8 a.m. – 5:30 p.m.  
 Monday – Friday

**Pay By Mail**

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Complete the form below and return in the enclosed envelope.

**Make checks payable to:**  
 University Hospitals  
 Medical Practices, Inc.

Selfpay Digtst (Acct # 3074) Statement Date: 03/28/22

Detach bottom portion and return with your payment.

Payment Due	Due Date	Amount Enclosed
\$0000.00	September 30, 2023	<input type="text"/>

**Credit Card Number**

**Expiration Date**

\_\_\_\_\_

**Update Address or Insurance Information**  
 Information has been updated on the back of this form.



**UH Customer Service Center**  
 20800 Harvard Road  
 Highland Hills, OH 44122

Selfpay Digtst,  
 123 Main Avenue,  
 Cleveland, OH 44140

**University Hospitals Medical Practices, Inc.**  
 UH Customer Service Center  
 PO Box 772038  
 Detroit, MI 48277-2038



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## UH Financial Assistance Programs

Whether you are “insured” or “uninsured”, the Hospital Care Assurance Program (HCAP) may apply to you if you are at or below 100% of the Federal Poverty Guidelines.

### Hospital Care Assurance Program – Notice Regarding Free Care

UH participates in Ohio’s Hospital Care Assurance Program (HCAP). This program provides basic, medically necessary hospital services for individuals who meet all of the program requirements.

You may be eligible for the UH Financial Assistance Program if your family income is above 100% and up to 4 times the Federal Poverty Guidelines.

### University Hospitals Financial Assistance Program

University Hospitals is committed to treating all patients with dignity and respect regardless of their financial status or ability to pay. In support of this commitment, UH has established a Financial Assistance Program. Through this program, UH provides discounts on hospital bills on a sliding scale to Ohio residents who meet certain criteria. If the patient’s family income ranges between 0 – 400% of the Federal Poverty Guidelines, you may be eligible for a discount.

### Learn more about the Hospital Care Assurance Program (HCAP) or UH Financial Assistance Program

If you believe you meet the requirements of one of these programs and need more information, please call 1-866-771-7266 or visit our website as [UHhospitals.org/HCAP](http://UHhospitals.org/HCAP) to view HCAP guidelines and obtain an application. You can also initiate the application process by logging into your UH MyChart account.

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 Detach bottom portion and return with your payment.

## Update Address or Insurance Information

To make updates, complete and return this section of your statement in the enclosed envelope, or log into your UH MyChart account to submit updates electronically. Thank you!

#### What I'd like to Update:

I have a change of address     I have updates to insurance

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State ZIP

\_\_\_\_\_  
 Insurance Company

\_\_\_\_\_  
 Insurance Address City State ZIP

\_\_\_\_\_  
 Policy Holder Name Date of Birth

\_\_\_\_\_  
 Employer Name

\_\_\_\_\_  
 Policy Number Group Number

\_\_\_\_\_  
 Worker's Comp Number Date of Injury Claim Number

#### Financial Guarantee And Assignment Of Benefits

I assign University Hospitals all benefits due me from any insurance organization on my behalf

\_\_\_\_\_  
 Signature Date



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## Your Bill Details

### Hospital Services

(1/1) | Visit #100000003883

Department or Service	UH Elyria Medical Center CT Imaging	
Responsible Party	Selfpay Dlgtest	
Insurance Billed	Self-Pay	
Date	Description of Events	Charges / Payments / Adjustments
03/23/2022	CT Scan-General	\$1,500.00
03/23/2022	Patient Payment	-\$265.79
03/23/2022	Insurance Adjustments	-156.29
<b>Patient Responsibility</b>		<b>\$0000.00</b>

### Professional Services

(1/2) | Visit #100000003883

Department or Service	UH Physician CT Imaging	
Responsible Party	Selfpay Dlgtest	
Insurance Billed	Self-Pay	
Date	Description of Events	Charges / Payments / Adjustments
03/23/2022	CT Scan-General	\$1,500.00
03/23/2022	Patient Payment	-\$265.79
03/23/2022	Insurance Adjustments	-156.29
<b>Patient Responsibility</b>		<b>\$0000.00</b>

(2/2) | Visit #100000003883

Department or Service	UH Physician CT Imaging	
Responsible Party	Selfpay Dlgtest	
Insurance Billed	Self-Pay	
Date	Description of Events	Charges / Payments / Adjustments
03/23/2022	CT Scan-General	\$1,500.00
03/23/2022	Patient Payment	-\$265.79
03/23/2022	Insurance Adjustments	-156.29
<b>Patient Responsibility</b>		<b>\$0000.00</b>