

SPRINGFIELD SERVICE CENTER  
P.O. BOX 740800  
ATLANTA, GA 30374-0800  
[www.myuhc.com](http://www.myuhc.com)



United HealthCare Services, Inc.

Address Change? Please contact your employer's benefit department.  
049HSEPR1001014-03735-01  
STEVEN JACOBSON  
7140 ASPEN CT  
FRANKSVILLE WI 53126-9416

**Member ID**  
914962235

**Statement Period**  
01/28/16 - 02/17/16

## THIS IS NOT A BILL

Customer Care 1-888-651-7214

### Should I Go to the ER?

We always want you to receive the best care possible, and many times the emergency room (ER) is the right choice. But did you know that your doctor can treat many non-emergency conditions at a lower cost? If your doctor is unavailable, a fast and low-cost choice for non-emergency conditions is an urgent care center. If you have any questions that are not a life-threatening emergency, call a nurse at the number on your ID card.

### Medical claims where payments may be needed from you:

Claims processed between **01/28/16** to **02/17/16**

	Pay your provider(s) when they bill you	Applied To Deductible
<b>01/04/16 - 01/20/16</b> services for <b>STEVEN</b> provided by 'WHEATON FRANCISCAN' Claim Number: 0580642648601 Provider Billed: <b>\$1,615.00</b> Payments and Discounts: <b>-\$240.00</b>	<b>\$1,375.00</b>	<b>\$1,375.00</b>
<b>01/30/16</b> services for <b>EMILY</b> provided by 'A WILLIAMS' Claim Number: 0582424086101 Provider Billed: <b>\$150.00</b> Payments and Discounts: <b>-\$84.00</b>	<b>\$66.00</b>	<b>\$66.00</b>
<b>Total:</b>	<b>\$1,441.00</b>	<b>\$1,441.00</b>

For more information about these claims, please refer to the 'Medical Claim Details' section of this document, the Explanation of Benefits, or visit: [www.myuhc.com](http://www.myuhc.com).

**This is not a bill.** Your provider will bill you directly unless you have already paid them. Please check your records.

These charges represent your responsibility as defined by your health benefit plan. They may include your deductible, coinsurance, or a product or service that is not an eligible expense. If you have coverage with another insurance carrier or Medicare, these charges may not include any product or service in which the other insurance carrier or Medicare was primary. In addition, the amount in the "Pay your provider(s) when they bill you" area above may include payments made to the subscriber. Please see your coverage documents for more information.

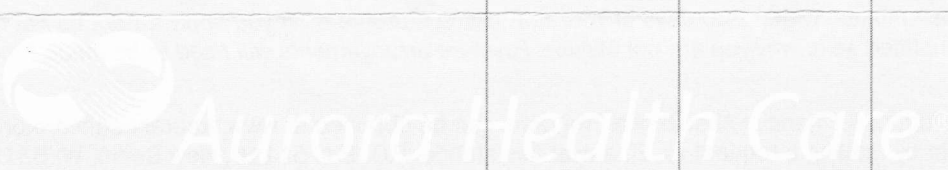
Please see the next page for more information

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Account Number	Account Name	Bill Date	Due Date
1536097	STEVEN JACOBSON	08/28/2016	Upon Receipt

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE PENDING	PATIENT BALANCE
<b>Date of Service 7/14/2016 to 7/15/2016 - Visit # 144274060 - STEVEN JACOBSON</b> <i>Hospital Services - AURORA ST LUKES MEDICAL CENTER</i>					
	Cardiology	\$36,740.00			
	Laboratory	\$942.00			
	Medical/Surgical Supplies and Devices	\$5,753.25			
	Pharmacy	\$3,449.51			
	Recovery Room	\$7,680.00			
08/16/16	INSURANCE ADJUSTMENT - UNITED HEALTHCARE		\$-27,224.76		
08/16/16	INSURANCE PAYMENT - UNITED HEALTHCARE		\$-26,658.78		
	<b>HOSPITAL SERVICES BALANCE</b>			\$0.00	<b>\$681.22</b>

PAID CK # 7554  
9/5/16  
\$ 681.22



If you are experiencing financial hardship or are looking for help in determining if you qualify for any Aurora Health Care financial assistance programs, please contact 1-800-326-2250. Program eligibility is based on income and family size. You may be asked to complete an application and supply additional documents to determine which program best suits your needs.

**Message:**

Thank you for choosing Aurora Health Care. The full balance is due upon receipt. We appreciate your prompt payment.

If you have a question on your statement, please call toll free: 800-326-2250 Mon - Fri, 8:30 am - 5:00 pm  
En Español por favor llamar al 866-629-6033 Mon - Fri, 8:30 am - 5:00 pm

**Please Pay This Amount**

**\$681.22**