

Cleveland Clinic is excited to provide zero interest payment options. Call us to learn more at 1.844.606.2345.

 SHEREESE N HICKSON
 [REDACTED]

 August 19, 2018
 Billing Statement for

SHEREESE N HICKSON

Account Number: [REDACTED]

 Insurance Billed:
 CARESOURCE MEDICARE

Account Summary (details start on page 3)

Last statement balance	\$	269.83
New charges since July 19	+	123,019.30
Paid by insurance or any adjustments since July 19		(119,245.32)
What you paid since July 19		0.00
Current account balance		4,043.81
Charges pending with insurance		423.83

PLEASE PAY NOW **\$ 3,619.98**

Payment is due upon receipt.

How to reach us
Billing questions or changes in insurance?

Call from 8 a.m. to 6 p.m. EST weekdays 216.445.6249, toll free 866.621.6385, or fax 216.445.8134, 24 hours, 7 days a week.

Preguntas sobre su factura o cambios en su seguro?

Llame de lunes a viernes, de 8 a.m. a 6 p.m. EST.

Written correspondence

 Cleveland Clinic
 Customer Service
 9500 Euclid Avenue RK2-4
 Cleveland, OH 44195

How to make your payment

Payments are applied to the oldest charges. You may pay your bill by check or credit card using the payment stub below. If you would like to allocate your payment to a specific charge, call Customer Service at 866.621.6385.

Financial Assistance guidelines - see last page.

Para guías sobre Asistencia Financiera - vea la última página.

Detach and return with payment. Please make checks payable to Cleveland Clinic and write your Account Number on the check.

 Pay on-line at myaccount.clevelandclinic.org

 Discover Card
  Visa / MasterCard
  American Express

Card Number

Expiration Date

MM / YY

Cardholder Name

 Cardholder Signature
 [REDACTED]

SHEREESE N HICKSON

Account Number: [REDACTED]

PLEASE PAY NOW **\$ 3,619.98**

 Amount paid \$

 CLEVELAND CLINIC
 PO BOX 89410
 CLEVELAND, OH 44101-6410

August 19, 2018

Statement Date

SHEREESE N HICKSON

Account Number: ██████████

Amounts highlighted in red are at risk of being sent to a collection agency. Please pay your balance in full, or contact customer service to make formal payment arrangements to prevent those amounts due from going to collections.

Account Detail

Date of Service or Posting Date	Department / Description / Physician	Total Charges	Last Statement Balance	New Charges	Paid by Insurance or Any Adjustment	What You Paid	Charges Pending With Insurance	What You Owe Now
Cleveland Clinic Main Campus and Family Health Centers								
Hospital Services								
Reference # ██████████								
06/04/18	Total Charges	264.00	9.88				9.88	0.00
Reference # ██████████								
06/13/18	Total Charges	941.00	259.95				259.95	0.00
Reference # ██████████								
07/18/18	IV THERAPY			322.00				
07/18/18	PHARMACY			58,544.65				
07/18/18	RADIOLOGY THERAPEUTIC			2,562.00				
07/18/18	SELF-ADMINISTERED DRUGS			8.00				
07/31/18	INSURANCE ADJUSTMENT				(43,328.70)			
07/31/18	INSURANCE PAYMENT				(14,479.97)			
08/14/18	INSURANCE ADJUSTMENT				(8.00)			3,619.98
Reference # ██████████								
08/01/18	IV THERAPY			322.00				
08/01/18	PHARMACY			58,544.65				
08/01/18	RADIOLOGY THERAPEUTIC			2,562.00				
08/01/18	SELF-ADMINISTERED DRUGS			8.00				
08/14/18	INSURANCE ADJUSTMENT				(46,948.68)			
08/14/18	INSURANCE PAYMENT				(14,479.97)		8.00	0.00
Reference # ██████████								
08/14/18	LABORATORY			146.00			146.00	0.00
Grand Totals			269.83	123,019.30	(119,245.32)		423.83	3,619.98



HICKSON, SHEREESE

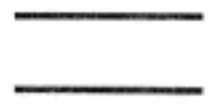


Page 1

October 17, 2018

Itemized Statement for

Shereese Hickson



Account Number:

Thank you for choosing the Cleveland Clinic

Account Summary

Cleveland Clinic Technical Total Charges	\$122,873.30
Cleveland Clinic Technical Total Payments	-\$28,959.94
Cleveland Clinic Technical Total Adjustments	-\$93,905.36
Cleveland Clinic Technical Total Insurance Balance	\$8.00
Cleveland Clinic Technical Total Guarantor Balance	\$0.00

Zero Balance

\$0.00

What you need to do

No payment is due at this time.

Additional Information

Billing questions or changes in insurance?
 Call from 8 a.m. to 6 p.m. EST weekdays 216.445.6249,
 toll free 866.621.6385, or fax 216.445.8134 24 hours,
 7 days a week.
 Preguntas sobre su factura o cambios en su seguro?
 Llame de lunes a viernes, de 8 a.m. a 6 p.m. EST.

A Not-For-Profit Hospital Licensed by the State of Florida.

How to reach us

Cleveland Clinic
 Customer Service
 9500 Euclid Avenue RK2-4
 Cleveland, OH 44195

Appointments:
 800/CCF-CARE (223-2273)

Detach and return with payment. Please make checks payable to the Cleveland Clinic and write your account number on the check.

Pay on-line at: myaccount.clevelandclinic.org



Discover Card

VISA /MasterCard

American Express

Card Number

Expiration Date MM/YY

Cardholder Name

Cardholder Signature

Shereese Hickson

Account Number:

Payment due upon receipt **\$0.00**

Amount authorized or enclosed \$



CLEVELAND CLINIC PATIENT PAYMENTS
 PO BOX 89410
 CLEVELAND, OH 44101-6410