A Guide to Your Moffitt Cancer Center Statement

A. Due Date and Medical Record Number
Who is responsible for payment and when payment is due.

B. Account Summary
Overview of your hospital and physician charges, payments and adjustments as well as the total amount now due.

C. Amount Due
Only those of you with active payment plans will see this breakdown of:
- What you’ve agreed to pay monthly on those plans
- What you owe on accounts not in payment plans
- Total amount you owe this month on all accounts

D. Payment and Other Information
How to pay your bill or contact us.

E. Payment Coupon
Be sure to check the box for hospital and physician and indicate how much you are paying for each.

F. Hospital Activity
This is what you owe for the hospital portion of your services including:
- Date and Description of Services, Charges, Adjustments, Payments, and Unpaid Balance

G. Address and Insurance updates
On the back of your payment coupon there is space to note any changes to your address or insurance.

H. Physician Activity
This is what you owe for the physician portion of your services including:
- Date and Description of Services, Charges, Adjustments, Payments, and Unpaid Balance