


Explanation of KORT's Monthly Statement

Below is a visual guide to the monthly statement sent each month until your balance is paid in full. It shows the charges for services rendered, the amount your insurance company has paid, patient payments made in the past 30 days, any amount still under consideration by your insurance company, and the amount you should pay now.


A glossary of terms appears on the next page.



KORT Tyler Center
12613 Taylorsville Road
Suite 118
Louisville, KY 40299

RETURN SERVICE REQUESTED
Phone #: 1-877-725-6294

PAGE: 1 of 1
ADDRESSEE:



KORT Customer
123 My Street
Mycity, KY 00000

IF PAYING BY VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW

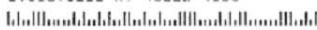
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMER. EXP.
CARD NUMBER	EXP. DATE	AMOUNT	
SIGNATURE		PRINT FULLER, 31812 SECURITY CODE FROM BACK OF CARD	

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
04-01-2010		XXXXXX

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT. SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

KORT CBO
13201 MAGISTERIAL DR
LOUISVILLE KY 40223-4105



Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

Patient:


Date	Descpt	Charges	Pat Pay	Ins Pay	Adjust	Balance	Ins Bal	Pat Bal
01-22-10	Visit							
01-26-10	Visit							
01-28-10	Visit							

Charges, insurance payments, contractual adjustments, and patient payments are listed for each date of service.

Payment due 10 days from receipt

TOTAL ACCOUNT BALANCE	PLEASE PAY THIS AMOUNT
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KORT CBO



KORT Tyler Center
12613 Taylorsville Road
Suite 118
Louisville, KY 40299

STATEMENT
SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

Amount Due for this statement



KORT Statement Glossary of Terms:

Term Used	Explanation
Date	Date of service
Descpt	Description of type of service performed
Charges	Amount charged for services rendered and/or items provided
Pat Pay	Payments made by patient since the last statement. This includes any co-payments or co-insurance payments at time of visit. Your single payment may be applied to more than one date of service if the total of the payment is larger than patient amount due for a single date of service.
Ins Pay	Payments made by insurance company or third party payor since the last statement.
Adjust	Amount not allowed due to insurance contractual agreement. This amount is subtracted from the charges for the date of service.
Balance	Current balance of each date of service
Ins Bal	Balance awaiting insurance claims processing
Pat Bal	Patient's financial responsibility (i.e. amount owed) for this date of service.