

METROPOLITAN HEALTHCARE ALLIANCE

PATIENT BILLING & EXPLANATION OF BALANCE DUE — IMPORTANT NOTICE

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Patient Name: Alex M. Vance
Date of Service: September 14, 2026
Facility: St. Jude Trauma & Emergency Center

Account Number: #MED-99281-X
Notice Issued Date: October 12, 2026
PAYMENT DUE DATE: November 2, 2026

1. ITEMIZED CHARGES & CLAIM EVALUATION

Service / Procedure Code	Billed	Insurance Allowed	You Owe
CPT 99284: Emergency Dept Visit (Level 4)	\$3,450.00	\$1,200.00	\$0.00
CPT 74177: CT Scan Abdomen/Pelvis w/ Contrast	\$4,820.00	\$1,850.00	\$250.00
CPT 99218: Observation Care (Inpatient 6hr)	\$1,980.00	\$1,150.00	\$590.00
CPT 99291: Critical Consultation (Out-of-Network Dr. Gross)	\$2,150.00	\$0.00 (Denied)	\$2,150.00
Pharmacy & IV Hydration Saline Administration	\$640.00	\$0.00 (Excluded)	\$640.00

TOTAL HOSPITAL CHARGES BILLED: \$13,040.00
PRIMARY INSURANCE PAID (BLUE SHIELD): \$3,360.00
TOTAL BALANCE CURRENTLY DEMANDED FROM PATIENT: \$3,630.00

2. NOTICE OF RIGHTS & SURPRISE BILLING PROTECTIONS

- Federal No Surprises Act: If you received emergency care at an in-network facility, out-of-network doctors cannot balance bill you without prior informed consent signed 72 hours prior to service. Dr. Gross was assigned without consent.
- Thirty-Day Dispute Window: You have the legal right to dispute out-of-network balance billing. To exercise this right, a written notice of dispute must be postmarked or submitted electronically no later than November 12, 2026 (30 days from notice date).
- Financial Assistance / Charity Care: If your household income is under 400% of the Federal Poverty Level, hospital policy #FA-202 entitles you to an immediate 60% to 100% reduction upon submission of Form 1040 prior to the November 2, 2026 payment due date.
- Late Penalties: Unresolved balances past November 15, 2026 accrue a monthly 1.5% administrative fee and will be transferred to Apex Collections Bureau, which will impact your credit report.

3. MANDATORY ACTIONS REQUIRED

1. Do NOT pay the \$2,150.00 out-of-network physician fee before requesting a formal audit under the No Surprises Act.
2. Submit a formal written dispute letter to disputes@metrohealth-billing.org quoting Account #MED-99281-X before Nov 12, 2026.
3. Request an itemized breakdown of Pharmacy/IV Hydration charges (\$640.00) to verify formulary discount applicability.
4. For financial assistance applications, download Form FA-202 at <https://metrohealth-billing.org/charity> or call 1-800-555-0199.