



## Explanation of R2P Statement

Please find below an example of our monthly statement you will receive 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.**

**Unique Patient ID/Account #**

Rehab 2 Perform, LLC  
20310 Seneca Meadows Parkway  
Suite B  
Germantown, MD 20876

PATIENT'S NAME		ACCOUNT NUMBER
		83E3457447
PG#	AMOUNT DUE	STATEMENT DATE
1	\$54.64	7/5/2019
QUESTIONS ABOUT YOUR BILL? PLEASE CALL: (301) 798-4838		Office Hours Monday - Friday 8AM-5PM

### ALL CHARGES

SVC or PMT DATE	PROVIDER	PLACE OF SERVICE	CHARGES	PAYMENT/ ADJUST	PATIENT BALANCE
06/18/2019	Baker	MT Airy	489.00	-463.16	25.84
06/21/2019	Baker	MT Airy	281.00	-268.28	12.72
06/26/2019	Baker	Frederick	374.00	-357.92	16.08
06/28/2019	Baker	MT Airy	374.00	0.00	0.00

ACCOUNT SUMMARY

Patient Payments Log for the Last 12 Months:

05/20/2019	CREDIT CARD	\$20.95
04/10/2019	CHECK PAYMENT	\$50.00
03/21/2019	CHECK PAYMENT	\$70.56
02/14/2019	CHECK PAYMENT	\$50.00

\* Payments, Adjustments and transfers reflect activity for June 2019  
\* THE AMOUNT DUE IS AMOUNT INDICATED ON THE LAST PAGE OF THIS STATEMENT.  
PLEASE ONLY PAY THE AMOUNT INDICATED ON THIS PAGE.

**Insurance Payment per Patient Benefits**

**Payments made towards these Dates of Service**

**Open Claims with Your Insurance**

Charges	Ins. Payments	Pat. Payments	Adjustments	Balance	Total Balance	Claims In Process	Total Due From Patient
\$1518.00	\$218.54	\$0.00	\$870.82	\$428.64	\$428.64	\$374.00	\$54.64

For Billing Questions: Please send an email to: [Billing@Rehab2perform.com](mailto:Billing@Rehab2perform.com)

**ONLINE PAYMENTS AVAILABLE AT [REHAB2PERFORM.COM/BILLING](http://REHAB2PERFORM.COM/BILLING)**

THE AMOUNT SHOWN IN THE CLAIMS IN PROCESS BOX IS THE AMOUNT OF CHARGES STILL PENDING FROM YOUR INSURANCE

PLEASE RETURN BOTTOM PORTION WITH YOUR PAYMENT

ADDRESS INCORRECT? MOVING? PLEASE SEE REVERSE SIDE

MAILED FROM:

Rehab 2 Perform, LLC  
20310 Seneca Meadows Parkway  
Suite B  
Germantown, MD 20876

<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	
CARD NUMBER	
SIGNATURE	EXP. DATE
PATIENT NAME	
ACCOUNT NUMBER	
83E3457447	
DUE DATE	AMOUNT DUE
Due Upon Receipt	\$54.64
AMOUNT PAID	

ADDRESSEE:

Patient Address



PLEASE MAKE CHECK PAYABLE AND REMIT TO:

Rehab 2 Perform, LLC  
20310 Seneca Meadows Parkway, Suite B  
Germantown, MD 20876





## Glossary

### *Term Used/Category and Explanation*

**SVC or PMT Date:** Date of Service or Date of Payment

**Charges:** Amount charged for services rendered and/or items provided

**Pat. Payments:** Payments made by patient since the last statement and/or applied to the particular dates of service. This includes any copayments 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. Payments:** Payments made by insurance company or third party payor per patient benefits

**Adjustments:** Amount not allowed due to insurance contractual agreement. This amount is subtracted from the charges for the date of service.

**Payment/Adjustments:** Combined payments from patient, insurance and adjustments applied to particular date of service

**Total Balance:** Current balance of open insurance claims and patient responsibility

**Claims In Process:** Balance awaiting insurance claims processing

**Patient Balance:** Patient's financial responsibility (i.e. amount owed) for date of service(s).

**Total Due From Patient Balance:** Patient's financial responsibility due now