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.

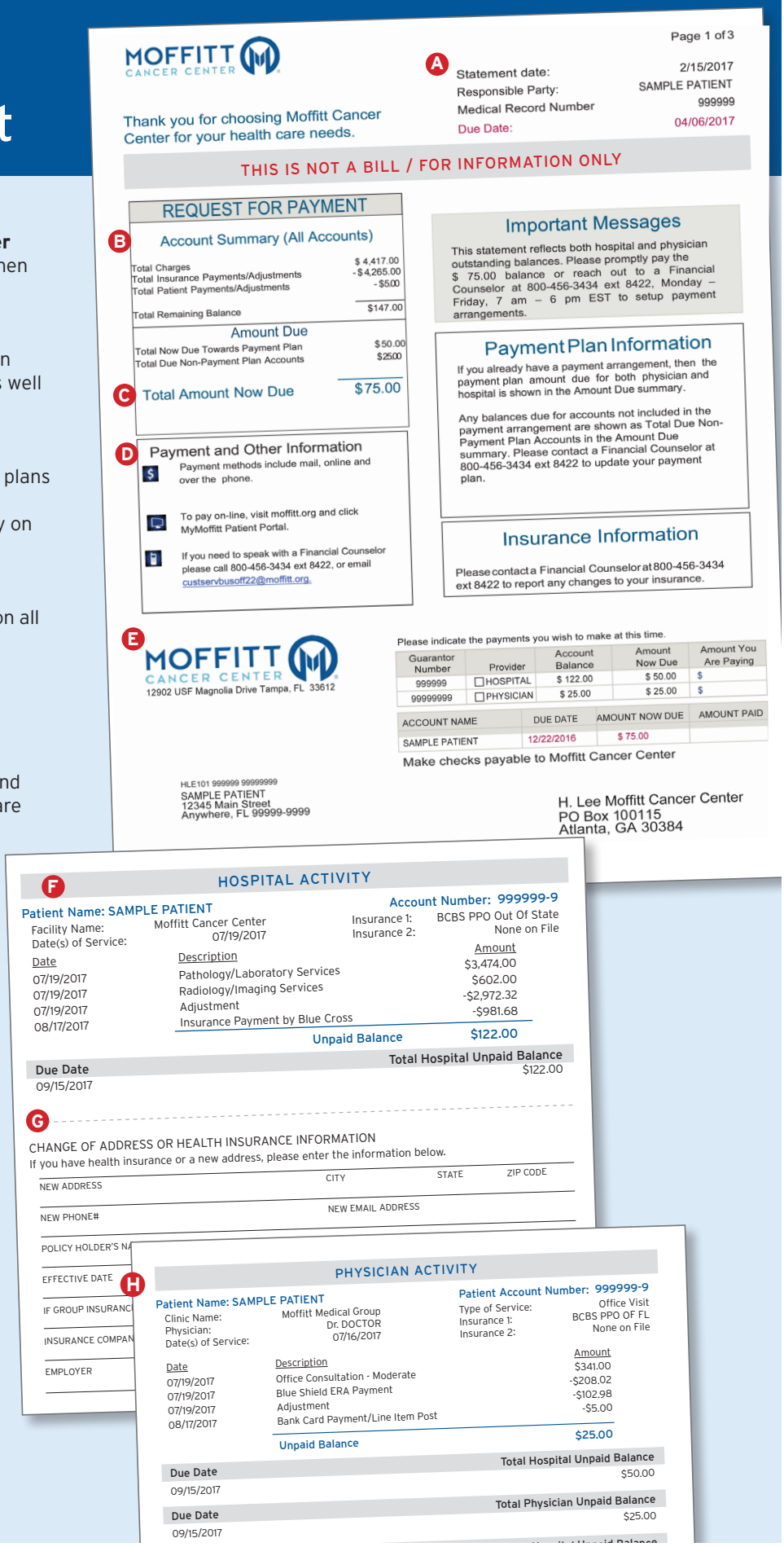
F Hospital Activity
This is what you owe for the hospital portion of your services including:

- 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



MOFFITT CANCER CENTER