



Your Physician Statement

Thank you for choosing UHealth for your medical needs. The balance on this statement is your responsibility. Please pay your balance in full or contact Customer Service at **1.866.429.6045**.

**Pay Online at
billpay.uchealth.org**

Account Summary

Number Assigned for Each Guarantor

Account #: 105196693

Guarantor Name: Pat Patient	Previous Balance: \$ 926.80
Statement Date: 7/23/2018	Payments Since : \$ 0.00 <i>Thank you!</i>
	Adjustments Since : \$ 381.80
	New Activity: \$ +515.00
Last Payment Received: 4/17/2018	New Balance Due: \$ 896.80

Payment Plan Summary

Amount Due: \$69 **Balance Not on Payment Plan:** \$0.00
Remaining Amount: \$682.80 **Remaining # of Payments:** 10 months

Service Date Provider Description Charges Credits Insurance Balance Patient Balance

Visit on 4/24/2016 with WILK, JAMES S - Patient PATIENT,PAT ← Patient Name						
04/24/2016	Wilk, James S, MD	PREVENTIVE VISIT,NEW,INFANT < 1 YR	215.00		0.00	172.00
04/24/2018		Patient Payment/Adjustment		43.00		

Summary of Amount Billed for Services Provided by Patient and Visit

Visit on 5/3/2016 with WILK, JAMES S - Patient PATIENT,PAT						
05/03/2016	Wilk, James S, MD	99201 PR OFFICE/OUTPT	86.00		0.00	68.80

Payments are posted to the oldest open balance not under review. For payments to be posted to specific visits, please visit us online at billpay.uchealth.org or call our Customer Service department at 1.866.429.6045. Please see back of statement for more information.

0 - 30 Days	31 - 60 Days	61 - 90 Days
\$214.00	\$442.00	\$240.80

Total Balance Due	\$ 896.80
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Balance Due for Services Listed

Age of Balance in Patient Responsibility

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PO BOX 732165
DALLAS, TX 75373-2165

ADDRESS SERVICE REQUESTED

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

			Last Statement Date
CARD NUMBER			
CODE	EXP DATE	AMOUNT PAYING \$	
SIGNATURE			
ACCOUNT # 105196693	PAY THIS AMOUNT \$69.00	STATEMENT DATE 7/23/2018	DUE DATE 8/22/2018

Balance Due Date

*The code is the 3-digit code found on the back or the 4-digit code on the front if using an Amex card.

Pat Patient
123 Example St
MONTBELLO CO 80439

Use This Information to Mail Your Payment

MAKE CHECKS PAYABLE AND REMIT TO:
BUSINESS SERVICES – PATIENT ACCOUNTS
PO BOX 732165
DALLAS, TX 75373-2165



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Service Date	Provider	Description	Charges	Credits	Insurance Balance	Patient Balance
05/03/2018		VISIT,NEW,LEVL I Patient Payment/Adjustment		17.20		
Visit on 3/27/2018 with WILK, JAMES S - Patient PATIENT,PAT						
03/27/2018	Wilk, James S, MD	LEVEL 1 ED VISIT, CPT 99281	42.00		0.00	12.00
03/27/2018	Wilk, James S, MD	EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	430.00		0.00	430.00
04/17/2018		Patient Payment/Adjustment		30.00		
Visit on 7/22/2018 with PLYBON, SANDRA S - Patient PATIENT,PAT						
07/22/2018	Plybon, Sandra S, MD	99203 PR OFFICE/OUTPT VISIT,NEW,LEVL III	214.00		0.00	214.00

Total Balance Due	\$ 896.80
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