

0702714700000

GENERIC PLASTIC SURGERY
 123 WEST 11TH STREET
 SUITE #111
 STOW OH 44224
 FORWARDING SERVICE REQUESTED

Last Payment Date:
 Last Payment Amount: \$0.00

CLARE UNDERWOOD
 1600 PENNSYLVANIA AVE NW
 WASHINGTON, DC 20500

Provide Your Payment

Check Card Used & Fill Out Below
 MasterCard
 Visa
 Discover

Statement Date	Due Date	Account #	Amount Due
11/09/18	11/30/18	123	\$49.36

Card Holder Name: _____
 Card Number: _____
 Exp. Date: _____ Security Code: _____
 Amount Paid: _____ Signature: _____

Make Checks Payable To:
GENERIC PLASTIC SURGERY
 P.O. BOX 123
 CLEVELAND OH 44111

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Please check if address or insurance information is incorrect and complete form on back.

Account #: 123 **Please Pay: \$49.36** **Due Date: 11/30/18**

Physician Name	Date of Service	Description	Charges	Payments	Adjustments	Due From Patient
WRIGHT	08/20/18	Clare Underwood/ACCT NO: 123 OUTPATIENT VISIT, NEW, LEVEL 5 INSURANCE ADJUSTMENT PATIENT'S CO-INSURANCE (\$49.36) INSURANCE PAYMENT	\$375.00		\$-128.22 \$-197.42	\$49.36
WRIGHT	10/16/18	Clare Underwood/ACCT NO: 123 INPATIENT VISIT, LEVEL 1	\$5,590.00			

Currently Pending Insurance

Important Message About Your Account

Please make check payable to Generic Plastic Surgery and mail to the above address. Thank you.

PATIENT: Clare Underwood
DUE DATE: 11/30/18
ACCOUNT NUMBER: 123
PENDING INSURANCE: \$5,590.00
PATIENT AMOUNT DUE: \$49.36



For Billing Questions Call
 (800) 234-3456
 Mon-Fri: 8am-4pm EST
For Credit Card Payments
 (504) 504-1000

Make Checks Payable To: **GENERIC PLASTIC SURGERY**

PLEASE COMPLETE IF THERE ARE ERRORS OR CHANGES IN ADDRESS OR INSURANCE INFORMATION:

Responsible Person's Name		Home Phone Number ()		Work Phone Number ()		e-Mail Address	
Address			City		State	Zip	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED
Primary Insurance Coverage	Policy Holder (Subscriber) Name		Subscriber Birth Date	Effective Date	Subscriber Identification Number		Group/Plan Number
	Insurance Company Name		Insurance Company Address			City	State Zip
	Employer Name		Insurance Phone Number ()		Plan Name	Relationship of Patient to Subscriber <input type="checkbox"/> SELF <input type="checkbox"/> CHILD <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER	
Secondary Insurance Coverage	Policy Holder (Subscriber) Name		Subscriber Birth Date	Effective Date	Subscriber Identification Number		Group/Plan Number
	Insurance Company Name		Insurance Company Address			City	State Zip
	Employer Name		Insurance Phone Number ()		Plan Name	Relationship of Patient to Subscriber <input type="checkbox"/> SELF <input type="checkbox"/> CHILD <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER	



What if I have billing questions?

For your convenience, our billing office is staffed Monday through Friday. Please call the phone number located on the front of this statement. Our knowledgeable staff will be happy to address any questions or concerns you may have regarding our financial policy or your account.



Why did I get a bill when I have insurance?

Not all of the services we provide are covered by all insurance carriers. We make every effort to inform you if we believe a service may not be covered, however, it is your responsibility to know the coverage limitations of your insurance contract. Since we do contract with several insurance companies, it is impossible for us to know the requirements of each individual policy.

Your insurance policy is an agreement between you and your insurance company. You are responsible for your account. You are also responsible to know your insurance policy, its benefits and requirements. We do not determine the amount of coverage you will receive, your insurance company does this. Any questions you may have concerning your benefits should be directed to your insurance company's Member Services Representative.

Please inform our office of any changes in your coverage