



**Sutter Health**

Palo Alto Medical Foundation

Patient Name:

**Andrew B Sharp**

Guarantor Name:

Andrew B Sharp

Guarantor Account #:

9069055

Bill Date:

03/12/23

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**PHYSICIAN SERVICES BILL SUMMARY**

Previous Balance	\$ 1,505.18
New Charges	0.00
Payments/Adjustments	0.00
New Balance	\$ 1,505.18

**Payment Due**

Your Insurance Has Been Billed.  
Your Responsibility To Pay Is

**\$ 1,505.18**

Please Pay In Full By  
**Due Now**

Or setup a payment  
plan for \$100 a month\*

Your account is past due and requires  
your attention. Should you have a  
question with regard to the amount due,  
please contact us today.

**Insurance Information On File**

Primary: Blue Shield

Secondary: No Secondary Insurance



**Pay Online (Recommended)**

myhealthonline.sutterhealth.org or scan



**Set Up Automated Payment Plan**

myhealthonline.sutterhealth.org



**Pay By Phone (24/7)**

Call (877) 252-1777.



**Pay By Mail**

Send your check(s) only using the coupon below.



**Billing Help**

Call (877) 252-1777, Billing Representatives are  
available 7:00am - 5:00pm, Monday through Friday.  
When asked, please provide your account number,  
which is **9069055**.



**Financial Assistance**

\*Call (877) 252-1777. Please tell us if you cannot  
pay your bill in full and let us help you. Monthly  
payment plans and other financial assistance  
programs may be available for patients that meet  
certain financial criteria. To learn more, visit  
[www.sutterhealth.org/for-patients/financial-assistance](http://www.sutterhealth.org/for-patients/financial-assistance).



**Please See Reverse Side for Account Detail.**

**Sutter Health**  
Palo Alto Medical Foundation



If your insurance or address has changed,  
please update online or call (877) 252-1777.

1982 1 AV 0.468



ANDREW B SHARP  
212 THOMPSON SQ  
MOUNTAIN VIEW, CA 94043-4219

1982

Guarantor Account #

9069055

Due Date

Due Now

**Payment Due**

**\$ 1,505.18**

Amount I am paying

\$

Pay online at [myhealthonline.sutterhealth.org](http://myhealthonline.sutterhealth.org) or  
by phone at (877) 252-1777. We accept Visa,  
MasterCard, Discover, and American Express.

**Make Checks Payable to:**

**Palo Alto Medical Foundation**  
PO Box 278420  
Sacramento, CA 95827-8420



Patient Name: **Andrew B Sharp**  
Guarantor Name: Andrew B Sharp  
Guarantor Account #: 9069055  
Bill Date: 03/12/23

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### ① Office Visit

Date of Service	01/03/23	Provider:	Alison Grace Chang MD, Oncology
Charges	\$ 489.00	<u>Insurance Remarks</u>	
Patient Payments	0.00	A,B	
Insurance Payments/Adjustments	−434.00		
Amount You Will Need To Pay	<b>\$ 55.00</b>		

### ② Office Visit

Date of Service	01/18/23	Provider:	Veko Johnny Vahamaki DO, Family Medicine
Charges	\$ 489.00	<u>Insurance Remarks</u>	
Patient Payments	0.00	B	
Insurance Payments/Adjustments	0.00		
Amount You Will Need To Pay	<b>\$ 489.00</b>		

### ③ Laboratory/Pathology

Date of Service	01/23/23	Provider:	Jon L Keller MD, Laboratory Medicine
Charges	\$ 671.00	<u>Insurance Remarks</u>	
Patient Payments	0.00	B	
Insurance Payments/Adjustments	−214.82		
Amount You Will Need To Pay	<b>\$ 456.18</b>		

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## My Health Online

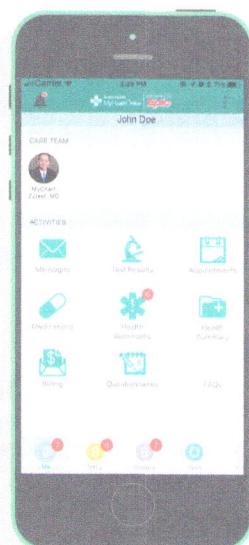
Paying your bill is easy with Sutter Health's My Health Online. Sign up today!

Log in or enroll at [myhealthonline.sutterhealth.org](https://myhealthonline.sutterhealth.org)

With My Health Online, you can also:

- View the details of your bill
- Book appointments
- Email your doctor
- View your health records and lab results - and more!
- Pay as Guest: <https://myhealthonline.sutterhealth.org/mho/billing/guestpay>

or scan



Patient Name: **Andrew B Sharp**  
Guarantor Name: Andrew B Sharp  
Guarantor Account #: 9069055  
Bill Date: 03/12/23

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**(4) Office Visit**

**Date of Service** 01/24/23    **Provider:** Alison Grace Chang MD, Oncology

Charges	\$ 489.00	<u>Insurance Remarks</u>
Patient Payments	0.00	B
Insurance Payments/Adjustments	0.00	
Amount You Will Need To Pay	<b>\$ 489.00</b>	

**(5) Laboratory/Pathology**

**Date of Service** 01/30/23    **Provider:** Diana Pearson OTR, Radiology

Charges	\$ 16.00	<u>Insurance Remarks</u>
Patient Payments	0.00	B
Insurance Payments/Adjustments	0.00	
Amount You Will Need To Pay	<b>\$ 16.00</b>	

**Payment Due** **\$ 1,505.18**    **Please Pay In Full By:** Due Now

Insurance Remarks

A-Co-payment Amount  
B-Deductible Amount