

Patient Name:

**Andrew B Sharp**

Guarantor Name:

Andrew B Sharp

Guarantor Account #:

9069055

Bill Date:

06/10/23

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**PHYSICIAN SERVICES BILL SUMMARY**

Previous Balance	\$ 11,599.00
New Charges	0.00
Payments/Adjustments	0.00
New Balance	\$ 11,599.00

**Payment Due**

Your Insurance Has Been Billed.  
Your Responsibility To Pay Is

**\$ 11,599.00**

Please Pay In Full By

**Due Now**

Or setup a payment  
plan for \$484 a month\*

\*\*\*FINAL NOTICE\*\*\*

Our records indicate you have been billed  
several times for this outstanding balance.  
This is a final courtesy reminder prior to  
account referral to a collection agency.

**Insurance Information On File**

Primary: Blue Shield

Secondary: No Secondary Insurance


**Pay Online (Recommended)**

sutterhealth.org/billing-insurance or scan


**Set Up Automated Payment Plan**

sutterhealth.org/mho-billing


**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.



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

2022 1 AV 0.468


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

2022

Guarantor Account #

9069055

Due Date

Due Now

**Payment Due**
**\$ 11,599.00**

Amount I am paying

\$

Pay online at [sutterhealth.org/billing-insurance](http://sutterhealth.org/billing-insurance) 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**  
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### ① Office Visit

**Date of Service** 01/12/23    **Provider:** Julie Marie Longworth Lautner NP, Palliative Medicine

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

### ② Radiology

**Date of Service** 01/23/23    **Provider:** Nick George Costouros MD, Radiology

Charges	\$ 9,813.00	<u>Insurance Remarks</u>
Patient Payments	0.00	
Insurance Payments/Adjustments	0.00	
Amount You Will Need To Pay	<b>\$ 9,813.00</b>	

### ③ Laboratory/Pathology

**Date of Service** 01/23/23    **Provider:** Jon L Keller MD, Laboratory Medicine

Charges	\$ 458.00	<u>Insurance Remarks</u>
Patient Payments	0.00	A
Insurance Payments/Adjustments	-1.82	
Amount You Will Need To Pay	<b>\$ 456.18</b>	

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## My Health Online

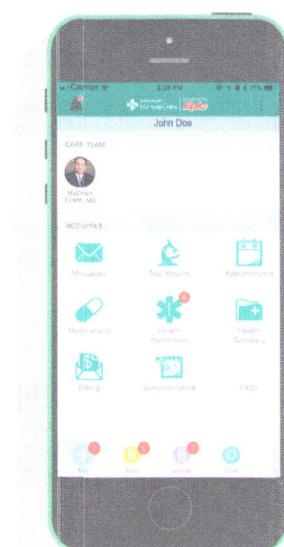
Paying your bill is easy with Sutter Health's My Health Online. Sign up today!

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



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#### ④ Office Visit

<b>Date of Service</b>	01/24/23	<b>Provider:</b>	Alison Grace Chang MD, Oncology
Charges			<u>Insurance Remarks</u>
Patient Payments	-236.00		A
Insurance Payments/Adjustments	0.00		
Amount You Will Need To Pay	<b>\$ 253.00</b>		

#### ⑤ Office Visit

<b>Date of Service</b>	01/25/23	<b>Provider:</b>	Julie Marie Longworth Lautner NP, Palliative Medicine
Charges	\$ 489.00		<u>Insurance Remarks</u>
Patient Payments	0.00		A
Insurance Payments/Adjustments	-224.18		
Amount You Will Need To Pay	<b>\$ 264.82</b>		

#### ⑥ Laboratory/Pathology

<b>Date of Service</b>	01/30/23	<b>Provider:</b>	Diana Pearson OTR, Radiology
Charges	\$ 16.00		<u>Insurance Remarks</u>
Patient Payments	0.00		A
Insurance Payments/Adjustments	0.00		
Amount You Will Need To Pay	<b>\$ 16.00</b>		

#### ⑦ Office Visit

<b>Date of Service</b>	02/16/23	<b>Provider:</b>	Sean Xun Wang MD, Ear Nose and Throat
Charges	\$ 307.00		<u>Insurance Remarks</u>
Patient Payments	0.00		A
Insurance Payments/Adjustments	0.00		
Amount You Will Need To Pay	<b>\$ 307.00</b>		

**Payment Due** **\$ 11,599.00** | **Please Pay In Full By: Due Now**

Insurance Remarks

A-Deductible Amount