

Patient Name: **Andrew B Sharp**
Guarantor Name: Andrew B Sharp
Guarantor Account #: 9069055
Bill Date: 07/10/23

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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.



Please See Reverse Side for Account Detail.



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

683 1 AB 0.534

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

683

Guarantor Account #	9069055
Due Date	Due Now
Payment Due	\$ 11,599.00
Amount I am paying	\$ <input type="text"/>



Pay online at 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**
Guarantor Name: Andrew B Sharp
Guarantor Account #: 9069055
Bill Date: 07/10/23

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	\$ 489.00	

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	\$ 9,813.00	

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	\$ 456.18	

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My Health Online

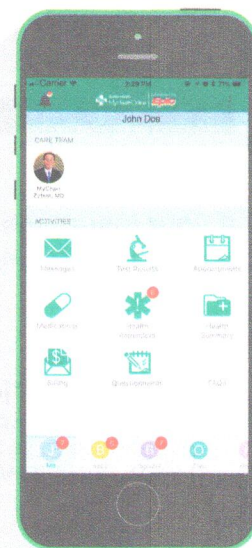
Paying your bill is easy with Sutter Health's My Health Online. Sign up today!

Log in or enroll at myhealthonline.sutterhealth.org

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

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

Charges	\$ 489.00	<u>Insurance Remarks</u>
Patient Payments	-236.00	A
Insurance Payments/Adjustments	0.00	
Amount You Will Need To Pay	\$ 253.00	

⑤ Office Visit

Date of Service 01/25/23 **Provider:** 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	\$ 264.82	

⑥ Laboratory/Pathology

Date of Service 01/30/23 **Provider:** 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	\$ 16.00	

⑦ Office Visit

Date of Service 02/16/23 **Provider:** 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	\$ 307.00	

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

Insurance Remarks
A-Deductible Amount