

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

Sutter Health
Palo Alto Medical Foundation



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

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

683



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.

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



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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	\$ 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		

Continued On Next Page

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