

Patient Name: **Andrew B Sharp**  
Guarantor Name: Andrew B Sharp  
Guarantor Account #: 9069055  
Bill Date: 10/08/23

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**PHYSICIAN SERVICES BILL SUMMARY**

Previous Balance	\$ 434.00
New Charges	0.00
Payments/Adjustments	0.00
<b>New Balance</b>	<b>\$ 434.00</b>

**Payment Due**

Your Insurance Has Been Billed.  
Your Responsibility To Pay Is

**\$ 434.00**

Please Pay In Full By  
**Due Now**  
Or setup a payment  
plan for \$87 a month\*

**\*\*\*PAST DUE REMINDER\*\*\***

Your account is now 61-90 days past due.  
Please pay your balance in full today to  
avoid referral of account to a collection  
agency.

**Insurance Information On File**

Primary: Health Plan of Santa Clar  
Secondary: Blue Shield



**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.

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

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Guarantor Account #	9069055
Due Date	Due Now
<b>Payment Due</b>	<b>\$ 434.00</b>
Amount I am paying	\$ <input type="text"/>



Pay online at [sutterhealth.org/billing-insurance](https://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** 01/03/23 **Provider:** Alison Grace Chang MD, Oncology

Charges \$ 489.00

Patient Payments -55.00

Insurance Payments/Adjustments 0.00

Amount You Will Need To Pay **\$ 434.00**

### Insurance Remarks

A

**Payment Due \$ 434.00**

**Please Pay In Full By: Due Now**

### Insurance Remarks

A-Deductible Amount

## 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

