



P.O. BOX 742188  
Los Angeles, CA 90074-2188

Customer Service  
Toll Free: 1-800-549-3720, or  
650-498-5850  
9am-4pm  
Monday-Friday

See Reverse Side for Patient Billing Details

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[myhealth.stanfordhealthcare.org/activation](http://myhealth.stanfordhealthcare.org/activation) and  
enter the access code: XX0XX-0XXXX-XXX00

Guarantor ID# 00000000

YOUR PHYSICIAN STATEMENT

Page 1 of 1

Summary of Services and Amounts Due

Service Date	Provider	Description	Charges	Credits	Insurance Balance	Patient Balance
Patient: SAMPLE, SAMPLE S		Visit #000000000	Service Line: General Surgery			
07/01/2014	Badger, James T, MD	99201 EVAL/MGMT OF NEW PATIENT	165.00		0.00	82.50
08/07/2014		UNINSURED DISCOUNT ADJ		-82.50		
<b>Totals:</b>			<b>165.00</b>	<b>-82.50</b>	<b>0.00</b>	<b>82.50</b>



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Pay your bill online at: [stanfordhealthcare.org/billing](http://stanfordhealthcare.org/billing)  
Credit Card payments can also be made by calling  
800 549-3720 or 650 498-5850

Check here if your address or Insurance has changed.  
Please indicate your changes on the reverse side of this page.

AMOUNT DUE IS PAYABLE UPON RECEIPT

Statement Date	Invoice #	Amount Due	Amount Enclosed
12/04/14	000000000	\$82.50	

PLEASE MAKE PAYMENT TO:

Sample S Sample  
1840 Sample Road  
Sample, CA 00000

STANFORD HEALTH CARE  
P.O. BOX 742188  
LOS ANGELES, CA 90074-2188