



HOSPITAL SERVICES

◆ **Summary**

Financially Responsible	Sample Sample
Guarantor ID	100000000
Statement Date	12/03/14
Number of Accounts	1
Total Charges	\$927.00
Patient Payments	-\$126.00
Insurance Payments	\$0.00
Insurance Adjustments	-\$455.00
Other Adjustments	\$0.00
Amount Due	\$346.00

◆ **Customer Service Information**

Call us: (800) 794-8978 Mon - Fri, 8:00 am to 5:00 pm
Visit us: 2465 Faber Pl, Palo Alto, CA Mon - Fri, 8:00 am to 4:00 pm

To make payment arrangements or discuss financial assistance, please contact customer service at the phone number above.

◆ **Current Insurance Information**

Primary: SHC STANFORD COORD CARE

Secondary:

Note: Your Physicians will bill separately for their professional services. Payments received after the bill date will appear on your next statement.

Patients on MyHealth can view their health information, medications, immunizations, schedule appointments, view lab results, and pay bills.

Download the MyChart mobile app* to access your health info on the go.
*available only on iTunes and Android

IMPORTANT INFORMATION

We hope to serve you again if your healthcare need arises.

Please pay your bill online or sign up for paperless billing at myhealth.stanfordhealthcare.org/activation or activate your MyHealth account, using access code **X0000-0000X-0000X**

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Patient: Sample Sample				Acct #: 50000000	
Visit Type: Outpatient				Status: Due Upon Receipt	
08/13/14	GASTRO-INTESTINAL SERVICES - GENERAL CLASSIFICATION Adjustments	\$927.00			
	POS ACCOUNT PAYMENT - 11/06/14			-\$25.00	
	POS ACCOUNT PAYMENT - 11/14/14			-\$15.00	
	POS ACCOUNT PAYMENT - 11/14/14			-\$23.00	
	POS ACCOUNT PAYMENT - 11/25/14			-\$15.00	
	POS ACCOUNT PAYMENT - 11/25/14			-\$25.00	
	POS ACCOUNT PAYMENT - 11/25/14			-\$23.00	
	Totals	\$927.00	-\$455.00	-\$126.00	\$346.00
	Patient Balance				\$346.00
Balance Due					\$346.00



P. O. BOX 742136
LOS ANGELES, CA 90074-2136

Guarantor ID 100000000
Statement Date 12/03/14

Amount Due	\$346.00
Payable Upon Receipt	

Login to MyHealth if your insurance or address information has changed or check the box and indicate changes on the back of this page.

SAMPLE SAMPLE
123 MAIN STREET
ANY TOWN, US 00000-0000

STANFORD HEALTH CARE
HOSPITAL PAYMENT PROCESSING
P. O. BOX 742136
LOS ANGELES, CA 90074-2136

Unless otherwise indicated in the account field below, your payment will post to the oldest account first.
Please post my payment to the account number _____