




**Statement Date**  
10/28/14

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 6610  
JENNIFER DORR  
5724 OWENS DR APT 201  
PLEASANTON, CA 94588-4606

### Account Summary

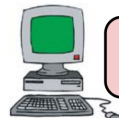
Patient Name	Jennifer A Dorr
Patient Payments (Last 30 Days)	\$ 276.30
<b>Amount Due</b>	<b>\$ 138.60</b>

Thank you for choosing Palo Alto Medical Foundation. The amount due represents your responsibility after insurance payments. If you have already made a payment, thank you and please disregard this notice.

### Insurance Information on File

Please confirm this information is correct and if your insurance information has changed, please indicate your changes on the reverse side of the payment form.

Primary Insurance	Blue Cross
Secondary Insurance	No Secondary Insurance



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[myhealthonline.sutterhealth.org](http://myhealthonline.sutterhealth.org)



**Pay By Phone 24/7** using our automated payment system 877-252-1777

Page 1 of 2

### About Your Statement

**Paying Your Bill:** For your convenience, we have 3 options available.

- Online: Pay your bill online at [myhealthonline.sutterhealth.org](http://myhealthonline.sutterhealth.org).
- Mail in: Pay your bill by mailing your payment with the bottom portion of your bill in the enclosed envelope.
- Call in: Pay your bill over the phone by calling 877-252-1777.

**Please pay your bill in full for \$ 138.60 by 11/17/14.**

**Can't Pay Your Bill?** We can help. Please tell us if you cannot pay your bill in full and let us help you. Monthly payment plans and other financial assistance programs are available for those patients that meet certain financial criteria.

**Billing Questions?** Please call us at 877-252-1777 weekdays from 7:00 am - 7:00 pm PST.

**Account Number 25611246**

Please note that call volumes are heaviest on Mondays, which may result in longer than average wait times.

**Please See Reverse Side for Account Detail**

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

### Make Checks Payable to:

Palo Alto Medical Foundation  
PO Box 742791  
Los Angeles, CA 90074-2791

Patient Name	Account Number	Date Due
Jennifer A Dorr	25611246	11/17/14
Amount Due		Amount Enclosed
<b>\$ 138.60</b>		<b>\$</b>

Pay your bill online at [myhealthonline.sutterhealth.org](http://myhealthonline.sutterhealth.org)



Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_



Date of Service	Provider	Description	Charge	Insurance Payments	Insurance Adjustments	Patient Payments	Amount You Owe	Remarks
10/17/14	GOODSON AUD, SHARO AUDIOLOGY	92552 Audiometry Air Only 92556 Pr Speech Audiometry 09/15/14 Patient Payment Thank You 10/27/14 Blue Cross	\$ 94.00 \$ 99.00			\$ 54.40	\$ 138.60	A
<b>TOTAL</b>			<b>\$ 193.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 54.40</b>	<b>\$ 138.60</b>	

Remarks

(A) Pr - Deductible Amount

**Account Number 25611246**

**Address Change**

Patient Name	Street Address	City	State	Zip Code	Telephone Number
<b>Jennifer A Dorr</b>					
Guarantor Name	Street Address	City	State	Zip Code	Telephone Number

**Insurance Change Primary or Secondary (circle one)**

Subscriber ID	Telephone Number
Subscriber Name	Group Number
Insurance Company Name	Group Name
Insurance Company Claim Address	Coverage Effective Date

**Comments** \_\_\_\_\_  
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