



Account Number: GDH.2GD12475

Your Statement Continued

DATE	DESCRIPTION	CHARGE	PMT/ADJ	TOTAL
LORI DAILING	- (at GOODNESS HEALTH)			
4/1/2025	OFFICE O/P NEW HI 60-74 MIN	\$455.32		
	Insurance Adjustments		(- \$330.32)	
		\$455.32	- \$330.32	\$125.00
PLEASE SEND PAYMENT WITHIN 15 DAYS OF RECEIPT OF THIS STATEMENT TO KEEP YOUR ACCOUNT CURRENT.				

\$125.00

If any of the following has changed since your last statement, please indicate

Your Name (Last, First, Middle Initial)			Date of Birth		Your PRIMARY Insurance Company's Name		
Address				Primary Insurance Company's Address			
City		State	Zip	City		State	Zip
Telephone		Social Security #		Policyholder Name		Date of Birth	Sex
Employer's Name		Telephone		Policyholder's ID Number		Group Plan Number	
Employer's Address				Your SECONDARY Insurance Company's Name			
City		State	Zip	Secondary Insurance Company's Address			
Please Indicate if Applicable: <input type="checkbox"/> Auto Accident <input type="checkbox"/> Worker's Compensation				City		State	Zip
Date of Injury				Policyholder Name		Date of Birth	Sex
				Policyholder's ID Number		Group Plan Number	

GOODNESS HEALTH
PO BOX 21150
BOULDER, CO 80308

Responsible Party: LORI DAILING
Account Number: GDH.2GD12475

Summary (as of 6/20/2025)

Total Charges:	\$455.32
Insurance & Adjustments:	- \$330.32
Previously Paid:	- \$0.00

Total Balance **\$125.00**

detailed summary on next page ►

Your Statement

Thank you for choosing GOODNESS HEALTH for your healthcare needs. Your insurance has processed your claim and the remaining balance is now your responsibility. Please pay this amount in full within 15 calendar days. If you have questions please call our Customer Service Department at (303) 546-9158, extension 301, Monday through Friday, 7:00am to 5:00pm MST.

Payment Options

- ❖ Mail in a check or money order with coupon below
- ❖ For questions on your account, call (303) 546-9158 ext. 301 Monday through Friday, 7:00 am through 5:00 pm, Mountain time

Frequently Asked Questions

- **What do I really owe?** This statement reflects your balance currently due. This can increase as your insurance processes more of your claims but it will not decrease until you make a payment.
- **Why doesn't my payment show?** Two reasons: 1) This statement only shows open balances. If your recent payment covered all of the previously open balances, they are at \$0.00 and will not show on this statement. 2) If you made your payment less than ten days ago, it might not be processed yet. You may call our Customer Services Department at the above number to verify receipt of your payment.
- **Did you bill my insurance?** If we have insurance information on file for you, we always bill your insurance first, including any applicable secondary insurance. If your insurance information is incorrect or has changed, please complete the back side of the payment coupon with your current information and return it to our office.



For questions on your account, call (303) 546-9158, ext. 301, Monday through Friday, 7:00 AM through 5:00 PM, Mountain Time.

Detach this coupon and return with your payment ☐ Check if address/Insurance changes are on back.

GOODNESS HEALTH

PO BOX 21150,
BOULDER, CO 80308

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720 1 MB 0.622 *** AUTO MIXED AADC 604



LORI DAILING
2473 HATCH CIRCE
COLORADO SPRINGS CO 80918-6003

IF PAYING BY DEBIT/CREDIT CARD

Card Number	Card Type (Circle One)	
Name on Card	Exp Date	CVN
Signature	Zip Code	
STATEMENT DATE	ACCOUNT NUMBER	DUE DATE
6/20/2025	GDH.2GD12475	UPON RECEIPT
AMOUNT DUE	SHOW AMOUNT PAID HERE	
\$125.00		

PLEASE MAKE CHECKS PAYABLE TO:



GOODNESS HEALTH
PO BOX 21150
BOULDER, CO 80308