

**UVM Medical Center**

PO BOX 2534  
Chicago, IL 50349  
RETURN SERVICE REQUESTED

**PATIENT NAME:** Joseph Guerra  
**DATE OF BIRTH:** 1968-02-21  
**GENDER:** Male  
**ADDRESS:** 714 Brown Points, Lake Dianafort, NM 39608  
**ACCOUNT #:** 44041396  
**INSURANCE INFORMATION ON FILE:** Molina Healthcare

**BILLING QUESTIONS:**TEL: 288-153-9781 | TOLL-FREE: 957-282-6546

**STATEMENT DATE:** 01/06/2025  
**DUE DATE:** 07/23/2025

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ADMIT DATE OF SERVICE | VISIT NUMBER / PROCEDURE CODE | TYPE OF SERVICE | BILLED CHARGES | PAID BY PLAN / ADJUSTMENT | PATIENT PAYMENT DUE |
| 07/17/2021 | 31421408 441 | ECG Test | $163.32 | -$61.15 | $102.17 |
| 09/18/2024 | 3292894 588 | Physical Therapy | $107.47 | -$63.15 | $44.32 |
| 09/22/2021 | 68392451 660 | Vaccination | $159.14 | -$116.03 | $43.11 |
| 07/11/2023 | 66622380 778 | Ultrasound | $112.71 | -$55.82 | $56.89 |

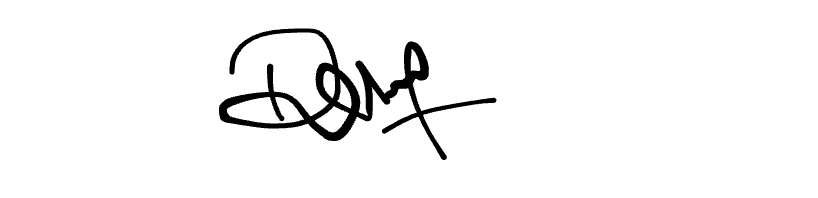
**ACCOUNT TOTAL DUE FROM YOU: $246.49**

**IMPORTANT MESSAGE:**Thank you for selecting UVM Medical Center as your healthcare provider. Please pay the amount due by the due date shown on your statement.

**MAKE CHECKS PAYABLE TO:**

UVM Medical Center  
Billing Department  
PO BOX 2534  
Chicago, IL 50349

**Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_



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