

Professional Services

Your Physician Statement Summary

Guarantor Number: P100180267 **Guarantor Name: DUSTIN A. GUTHRIE Statement Date:** 07/17/21

Current Balance Due Upon Receipt: \$20.00

An adequate payment has not been received. Please send payment in full or contact a representative at 304-285-7100 or 1-800-541-4009 to discuss your account.

PATIENT NAME DATE	DESCRIPTION		CHARGES/ ADJ	TOTAL	
AIDEN S HANLIN 5/25/2021 6/3/2021 6/3/2021	University Health Associates OFFICE/OUTPT VISIT,EST,LEVL III INSURANCE PAYMENT PB-INS CONTRACTUAL ADJ		192.00 -80.80 -91.20 2 0		MywvuChart Your secure online health connection
					MyWVUChart is a free, easy and secure way to view your health information.
					 Communicate with your healthcare providers Manage your appointments Request prescription refills View test results View and pay your bill online
					Don't have a MyChart account? Go to www.mywuchart.com and use the activation code below to get started.
					Also available on MyChart mobile Available on the App Store Available on the Google play
		Total Accoun	t Balance	\$20.00	PAYING YOUR PHYSICIAN BILL IS EASY ✓ Pay using your mywvuchart account
		Insurance Pe	nding	\$0.00	✓ Pay online at www.wwumedicine.org ✓ Pay by phone at 1-800-541-4009
#-Contested Charge *-New	Charge	Amount D	ue	\$20.00	✓ Remit payment with the bottom portion of this statement
This is an attemp	t to collect a debt. Any information obt	tained will be used fo	or that purpose.		

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT



Due Date UPON RECEIPT	Guarantor # P100180267	Statement Date 07/17/21	MasterCard		VISA
			DISCOVER		AMERICAN EXPRESS
Amount Due \$20.00	Card #		Exp Date	Sec	C Code
Amount Enclosed \$	Signature			Ch	eck#

Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side. Please see reverse side for additional pay to information.

MAKE CHECK PAYABLE AND REMIT TO:

DUSTIN A. GUTHRIE 255 PYSELL RD APT 54 MC HENRY MD 21541-1360 lahladalahaladadadladladladladladdal

UNIVERSITY HEALTH ASSOCIATES PO BOX 875 MORGANTOWN, WV 26507-0875 լկիլ|||իկոսկկիլովոկիլիկի|||իկիլիոկովոկուկիկիկ

Your WVU Medicine Physician Services Statement

This is a statement for physician services. You may receive a separate statement from the facility for their services.

Pay Your Bill



Pay your bill online at www.wvumedicine.org by accessing your MyWVUChart account. If you do not have a MyWVUChart account, use the online Pay as Guest option.



Call 1-800-541-4009 or 304-285-7100



Mail Payments to: UNIVERSITY HEALTH ASSOCIATES PO BOX 875 MORGANTOWN, WV 26057-0875

Payment Plans

If you are unable to pay your amount due in full and would like to establish a monthly payment plan, go to www.wvumedicine.org, access your MyWVUChart account. If you do not have a MyWVUChart account please contact us at 1-800-541-4009.

Pay To Information

Guarantor's Name

Please make checks payable to University Health Associates

University Health Associates is the paymaster for the following entities:

Phone #

United Physicians Care

University Health Associates

Parkersburg Cardiology Associates Reynolds Memorial Hospital

University Healthcare Physicians

Fayette Physician Network

United Hospital Center

Camden Clark Physician Corporation

Wetzel County Hospital

Uniontown Anesthesia, LLC

FOR CHANGE OF ADDRESS, MISSPELLINGS OR OTHER ERRORS, PLEASE PRINT CORRECTIONS.

Guarantor's Address		City		State	Zip Code				
IF YOU HAVE NOT SUP	PLIED INSURA	ANCE INFO	RMATION, PLEASE	DOS	SO HERE:				
PRIMARY INSURANCE COVERAGE		Patient's Relationship to insured SELF SPOUSE CHILD OTHER			SECONDARY INSURANCE COVERAGE		Patient's Relationship to insured SELF SPOUSE CHILD OTHER		
Insurance Company Name Phone #		Phone #		Insu	Insurance Company Name		Phone #		
Insurance Company Address				Insurance Company Address					
Policy Holder's Name			Birth date	Poli	Policy Holder's Name			Birth date	
Policy #	Group #	1	Policy Effective Date	Poli	cy#	Group #		Policy Effective Date	
Employer's Name		1	Phone #	Em	Employer's Name		Phone #		
Employer's Address			Employer's Address						