



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	University Health Associates		
6/3/2021	OFFICE/OUTPT VISIT, EST, LEVL III	192.00	
6/3/2021	INSURANCE PAYMENT	-80.80	
	PB-INS CONTRACTUAL ADJ	-91.20	20.00
	Total Account Balance		\$20.00
	Insurance Pending		\$0.00
#-Contested Charge *-New Charge	Amount Due		\$20.00

This is an attempt to collect a debt. Any information obtained will be used for that purpose.

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT



PO BOX 875
MORGANTOWN, WV 26507-0875
ADDRESS SERVICE REQUESTED

Due Date UPON RECEIPT	Guarantor # P100180267	Statement Date 07/17/21	<input type="checkbox"/> 	<input type="checkbox"/> 
			<input type="checkbox"/> 	<input type="checkbox"/> 
Amount Due \$20.00	Card # _____ Exp Date _____ Sec Code _____			
Amount Enclosed \$ _____	Signature _____ Check # _____			

☐ 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



UNIVERSITY HEALTH ASSOCIATES
PO BOX 875
MORGANTOWN, WV 26507-0875



010018026700000000000000000000020003

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

Please make checks payable to University Health Associates
University Health Associates is the paymaster for the following entities:

[United Physicians Care](#)

[United Hospital Center](#)

[University Health Associates](#)

[Camden Clark Physician Corporation](#)

[Parkersburg Cardiology Associates](#)

[Reynolds Memorial Hospital](#)

[University Healthcare Physicians](#)

[Wetzel County Hospital](#)

[Fayette Physician Network](#)

[Uniontown Anesthesia, LLC](#)

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

Guarantor's Name		Phone #	
Guarantor's Address	City	State	Zip Code

IF YOU HAVE NOT SUPPLIED INSURANCE INFORMATION, PLEASE DO 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 #	
Insurance Company Address			
Policy Holder's Name		Birth date	
Policy #	Group #	Policy Effective Date	
Employer's Name		Phone #	
Employer's Address			

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Insurance Company Address			
Policy Holder's Name		Birth date	
Policy #	Group #	Policy Effective Date	
Employer's Name		Phone #	
Employer's Address			