



Stanford
HEALTH CARE

STANFORD MEDICINE

Monthly Statement

Page 1 of 2

◆ YOUR INFORMATION

Statement Date 11/29/2015
Guarantor Name HU,YUNQING
Guarantor ID # 101326946
Account Numbers Located on following pages
Payment Due Date 12/27/2015

◆ SHC MYHEALTH

Stay Connected. Manage Your Care.

Access your health information anytime and anywhere, at home or on the go, with MyHealth.

You can use MyHealth to:



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your clinic



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lab results



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appointment



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bill online

◆ YOUR PAYMENT OPTIONS



Online at: stanfordhealthcare.org/billing
(available 24/7)



By Phone: (800) 794-8978



By mail: Please complete coupon below and return with your check made payable to STANFORD HEALTH CARE.

◆ YOUR ACCOUNT SUMMARY

Total Charges	\$8,254.00
Patient Payments	\$0.00
Insurance Payments	\$-3,114.34
Insurance Adjustments	\$-3,695.62
Other Adjustments	\$0.00

AMOUNT DUE NOW \$1,444.04

◆ A MESSAGE FOR YOU...

Please pay your bill online or sign up for paperless billing at stanfordhealthcare.org/billing

◆ QUESTIONS ABOUT YOUR BILL OR FINANCIAL ASSISTANCE?

Call us: (800) 794-8978 Mon - Fri, 8:00 am to 5:00 pm
Visit us: 2465 Faber Place, Palo Alto, California 94303

Online at: stanfordhealthcare.org/billing

Please see the reverse side of this statement for additional information regarding Financial Assistance.

*Thank you for selecting Stanford Health Care for your healthcare needs.
We hope to serve you again if your healthcare needs arise.*

Please detach and return the bottom portion of this statement with your payment



Stanford
HEALTH CARE

STANFORD MEDICINE

P.O. BOX 740715
LOS ANGELES, CA 90074-0715

Guarantor ID 101326946

Statement Date 11/29/2015

Amount Due
Payable Upon Receipt

\$1,444.04

☐ Login to MyHealth if your insurance or address information has changed or check the box and indicate changes on the back of this page.



YUNQING HU
3042 VIA SIENA PL
SANTA CLARA, CA 95051-6082



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STANFORD HEALTH CARE
P.O. BOX 740715
LOS ANGELES, CA 90074-0715

Unless otherwise indicated in the account number field below, your payment will post to your payment plan amount due and then to the oldest account on this statement. Please post my payment to the account number _____.

Account Details

Date	Description	Charges	Pmts/Adjs	Insurance Balance	Patient Balance
Patient: Yunqing Hu			Acct#: 56662567		
Visit Type: Outpatient			Status Due Upon Receipt		
11/13/2015	LABORATORY - GENERAL CLASSIFICATION	\$500.00			
	CONTRACTUAL ADJ - UNITED H		\$-306.35		
	Totals	\$500.00	\$-306.35	\$0.00	\$193.65
	<u>Patient Balance</u>			<u>\$0.00</u>	<u>\$193.65</u>
Patient: Yunqing Hu			Acct#: 56662573		
Visit Type: Outpatient			Status Due Upon Receipt		
11/13/2015	CARDIOLOGY - GENERAL CLASSIFICATION	\$7,754.00			
	HB INSURANCE LOCKBOX PMT - UNITED H		\$-3,114.34		
	CONTRACTUAL ADJ - UNITED H		\$-3,389.27		
	Totals	\$7,754.00	\$-6,503.61	\$0.00	\$1,250.39
	<u>Patient Balance</u>			<u>\$0.00</u>	<u>\$1,250.39</u>
	<u>Balance Due</u>				<u>\$1,444.04</u>