



P.O. Box 398534, San Francisco, CA 94139-8534

AB 01 003440 94846 B 9 A



NANDINI RANGASWAMY
914 LUNDY LN
LOS ALTOS CA 94024-5940

Guarantor Information

Guarantor Name: **NANDINI RANGASWAMY**
Guarantor Number: **500235152**

Account Summary

| | |
|-----------------------------------|-------------------|
| Delinquent Account Balance | \$0.00 |
| Payment Plan Account Balance | \$0.00 |
| Previous Account Balance | \$0.00 |
| Current Hospital Services Balance | \$3,456.63 |
| Total Guarantor Balance | \$3,456.63 |

Please see reverse for account detail.

Thank you for choosing El Camino Hospital for your health care needs. Your insurance has completed processing your claim and the remaining balance on this account is your responsibility. Balances are due in full upon receipt of this statement. If you have any questions please contact our Customer Service Team and they will be happy to assist you. Thank you.

PLEASE MAKE CHECKS PAYABLE TO: EL CAMINO HOSPITAL

Yes, I have noted a change to my address or insurance information on the back of this page.

For your convenience we accept:



Card Number _____

Card Expiration Date _____

Print Cardholder's Name _____

Signature _____

Amount Due

\$3,456.63

Amount Enclosed

\$

11050023515209091800003456639

Statement of Hospital Services

Statement Date: September 09, 2018
Guarantor Name: NANDINI RANGASWAMY

Thank you for choosing El Camino Hospital for your health care needs.

Please Note:

This statement represents hospital charges only. Physicians are not employed by or agents of our facility and their charges will be billed separately.

Customer Service

For questions regarding Billing, Payment options or Financial Assistance:

- 650-940-7220 or 800-665-6540
- Monday through Friday, 9:00 a.m. to 4:00 p.m.
- Email: patient_accounts@elcaminohospital.org

Pay-by-phone

To make self-service, credit card payments, 24 hours a day, 7 days a week:

- 650-940-7220 or 800-665-6540

Online Patient Tools

myCare and the Estimator/Quick Pay online tools can be accessed from your computer, tablet or smart phone, 24 hours a day, 7 days a week.

myCare allows you to make payments with no sign-on needed. myCare also allows you to set up an account to view both your service summary and/or detail. myCare can be accessed at <https://mycare.elcaminohospital.org>.

The Estimator/Quick Pay allows you to make a payment or create an out-of-pocket estimate for hospital services without the need for a sign-on and can be accessed through our website at www.elcaminohospital.org.

**A \$35 FEE IS CHARGED FOR ALL RETURNED CHECKS.
PAYMENTS WILL BE POSTED TO THE OLDEST BALANCE
UNLESS OTHERWISE DIRECTED BY THE GUARANTOR.**



P.O. Box 398534, San Francisco, CA 94139-8534

Statement of Hospital Services

Statement Date: September 09, 2018
Guarantor Name: NANDINI RANGASWAMY

Current Hospital Service Detail

Account Number: 1000505292 Service Date: August 19, 2018

Patient Name: NANDINI RANGASWAMY

Description of Charges

| | |
|----------------------------|-------------------|
| 0450 -EMERGENCY ROOM | \$2,550.63 |
| 0320 -RADIOLOGY-DIAGNOSTIC | \$2,858.71 |
| 0631 -SINGLE SOURCE DRUG | \$0.95 |
| Charge Total | \$5,410.29 |

Payments and Adjustments

| | |
|---|-------------------|
| CONTRACTUAL WRITE-OFF - UNITED H | \$-1,953.66 |
| Account Balance / Amount Now Due | \$3,456.63 |

Refer to our insert for information regarding:

- Financial Assistance Programs available
- State or Federal Health Care Coverage options
- Associated provider contact information
- Local Consumer Assistance contact information

For Your Information

State and federal law require debt collectors to treat you fairly and prohibits debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 am or after 9:00 pm. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgement. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (382-4357) or online at www.ftc.gov.

Por favor, tenga en cuenta:

Leyes estatales y federales requieren que las agencias de cobro traten al paciente de forma justa, y prohíben a las agencias de cobro de levantar falso, de amenazas, de lenguaje obsceno o profano, y de comunicarse con su empleador. Excepto en ciertas ocasiones, las agencias de cobro no pueden contactarlos antes de las 8:00 am o después de las 9:00 pm. En general, las agencias de cobro no pueden divulgar su información de la deuda a ninguna otra persona excepto a su esposo/esposa o abogado. Las agencias de cobro pueden contactar a otras personas para confirmar el domicilio para enfocar una orden de la corte. Para más información sobre actividades de colección de cobros, usted puede contactar a la Comisión Federal de Comercio al número 1-877-FTC-HELP (382-4357) o visite su página web www.ftc.gov.

CHANGE OF ADDRESS OR HEALTH INSURANCE INFORMATION

If you have new health insurance or a new address, please enter the information below.

| | | | | |
|---|-----------------------|-------------------|-------------------|-----------|
| NEW ADDRESS | CITY | STATE | ZIP CODE | NEW PHONE |
| POLICY HOLDER'S NAME/RELATIONSHIP TO PATIENT | | POLICY ID # | GROUP # | |
| EFFECTIVE DATE | BIRTH DATE OF INSURED | HMO/PPO/OTHER | INSURANCE PHONE # | |
| IF GROUP INSURANCE, NAME OF GROUP (EMPLOYER, UNION/ASSOCIATION) | | | | |
| INSURANCE COMPANY NAME | | INSURANCE ADDRESS | | |
| EMPLOYER | | EMPLOYER ADDRESS | | |

Silicon Valley Diagnostic Imaging

Payment Center: PO Box 845071
Address: Los Angeles, CA 90084-5071
Phone: (650) 474-5350
Office Hours: Mon-Fri 8am - 4:30pm GMT-7

Dear Nandini Rangaswamy

This bill represents the charges for radiology services by **Silicon Valley Diagnostic Imaging**. If you would like to speak to a Customer Service Representative, please call (650) 474-5350.

| Charge Number | Note | Date of Service | Patient Name | Description of Service | Original Due | Current Due |
|-------------------|------|-----------------|-----------------|------------------------|--------------|-------------|
| 009011428622-0005 | 1 | | | VISIT TOTAL | | 15.95 |
| | | 08/19/2018 | Nandini Rangasw | Knee, 3 Vws | | |
| 009011428622-0006 | 1 | | | VISIT TOTAL | | 13.21 |
| | | 08/19/2018 | Nandini Rangasw | Foot (3 Or More Views | | |
| 009011428622-0007 | 1 | | | VISIT TOTAL | | 13.21 |
| | | 08/19/2018 | Nandini Rangasw | Foot (3 Or More Views | | |
| | | | | | Total Due | \$42.37 |

Notes:

1. The balance listed is your responsibility. Please send in your payment today.

Detach Lower Portion and Return with Payment



Silicon Valley Diagnostic Imaging
PO Box 845071
Los Angeles, CA 90084-5071

09/16/2018 C# - 1598

| | |
|----------------|--------------------|
| Notice Date | 09/16/2018 |
| Account # | 2573668 |
| Guarantor Name | Nandini Rangaswamy |
| Due Date | UPON RECEIPT |

For on-line payment options, please visit the below website
and use account number: 01-2573668
www.youraccountcenter.com



002108 L2TEAB60
Nandini Rangaswamy
914 Lundy Ln
Los Altos, CA 94024

Silicon Valley Diagnostic Imaging
PO Box 845071
Los Angeles CA 90084-5071



091618 00002573668 00004237 01598 00000445218 ?

Physician Group: CEP AMERICA CALIFORNIA
Location of Service: EL CAMINO HOSPITAL
Provider: ALBANO, ALANA, P.A.
Tax ID#: 94-2494000
Injury Date:

STATEMENT

Billing Office Hours: 6:00am - 5:30pm PST
Monday-Friday (Closed On Major Holidays)
Phone: 800 498-7157
Outside The USA Email: billing@vity.com

7210



10848

Account Information

Statement Date: 09/29/2018
Patient: NANDINI RANGASWAMY
Account #: E18 719503
Patient Balance: \$481.68

DUE NOW**\$481.68****This amount is
your responsibility****PAY ONLINE**www.drpaycenter.com/billpaySCAN FOR
MOBILE
PAYMENT**HELP US GO GREEN!**Register to receive future statements electronically at www.eStatements.us
Enter Code ID: VITY1 Access#: 7641602-1-11304

Primary Insurance: UNITED HEALTHCARE COMM

Secondary Insurance:

| Date of Service | Description of Services | Charges | Insurance Payments | Patient Payments | Adjustments | Amount You Owe |
|-----------------|------------------------------|----------|--------------------|------------------|-------------|----------------|
| 08/19/18 | 99284 LEVEL 4 EMERGENCY, PHY | \$490.00 | | | | |
| 08/19/18 | 29515 SHORT LEG SPLINT, CALF | \$179.00 | | | | \$187.32- |
| 09/20/18 | CARRIER ADJUSTMENT | | | | | \$481.68 |
| | Total: | | | | | |

**YOUR INSURANCE HAS APPLIED THEIR PAYMENT
TOWARD YOUR YEARLY COPAY/DEDUCTIBLE.
THE BALANCE IS YOUR RESPONSIBILITY.
THANK YOU**

**SU SEGURO MEDICO HA APLICADO EL SALDO DE
SU CUENTA A SU DEDUCTIBLE ANNUAL. EL
SALDO RESTANTE ES SU RESPONSABILIDAD.
GRACIAS**

If you are uninsured or have high medical costs, please contact Patient Services at (800) 498-7157 for information on discounts and programs for which you may be eligible, including the Medicaid program. If you have coverage, please tell us so that we may bill your plan.

Please detach and return the bottom portion with payment.

VITY1-0638188-0000000-7641602-001-011304-#010913-7210

CEP AMERICA CALIFORNIA
PO BOX 582663
MODESTO CA 95358-0070



To Pay By Credit Card
go to: www.drpaycenter.com/billpay
or to pay by phone: 800 498-7157

| | | |
|----------------------------|-------------------------|-----------------------------|
| STATEMENT DATE 09/29/18 | ACCOUNT # E18 719503 | PAY THIS AMOUNT \$481.68 |
|----------------------------|-------------------------|-----------------------------|

Patient: NANDINI RANGASWAMY

MAKE CHECK PAYABLE AND REMIT TO:

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

NANDINI RANGASWAMY
914 Lundy Ln
Los Altos CA 94024-5940

10848

CEP AMERICA CALIFORNIA
PO BOX 582663
MODESTO CA 95358-0070

09291800000048168E18000719503

Jeffrey S. Kliman, MD
763 Altos Oaks Dr, Ste 2
Los Altos CA 94024-5400
(650) 948-4707

Page 1 of 2

THIS IS A STATEMENT OF YOUR ACCOUNT ON THE BELOW DATE. ANY CHARGES OR PAYMENTS MADE AFTER THIS DATE WILL APPEAR ON NEXT MONTH'S STATEMENT.

ACCOUNT NO.
40198

STATEMENT DATE
03/26/19

Nandini Rangaswamy
914 Lundy Lane
Los Altos CA 94024

| | | | |
|------------------------|----------------|---|----------------|
| A FINANCE CHARGE of | % PER MONTH | equal to an ANNUAL PERCENTAGE RATE of | % PER ANNUM |
|------------------------|----------------|---|----------------|

will be added to the unpaid balance of days or more past due as the billing date appearing on this statement. Payments and other credits are deducted from the Previous Balance before computing the FINANCE CHARGE.

| DATE | PROCEDURE | PATIENT NAME | PROVIDER | CHARGES | CREDITS | EXPECTED INSURANCE | BALANCE |
|----------|--|--------------------------|----------|---------|---------|--------------------|-------------|
| 08/23/18 | 2018 (Nandini Rangaswamy) | | | | | | 0.00 |
| 08/23/18 | OFFICE/OUTPATIENT VISIT; NEW | Nandini Rangas\ J Kliman | | 320.00 | | | 320.00 |
| 08/23/18 | TREAT METATARSAL FRACTURE | Nandini Rangas\ J Kliman | | 700.00 | | | 1020.00 |
| 08/23/18 | TREAT TOE DISLOCATION | Nandini Rangas\ J Kliman | | 700.00 | | | 1720.00 |
| 08/23/18 | NON PNEUMATIC WALKING SPLINT | Nandini Rangas\ J Kliman | | 358.00 | | | 2078.00 |
| 08/23/18 | X-RAY EXAM OF FOOT | Nandini Rangas\ J Kliman | | 102.00 | | | 2180.00 |
| 08/23/18 | X-RAY EXAM OF FOOT | Nandini Rangas\ J Kliman | | 102.00 | | | 2282.00 |
| 08/23/18 | PPO Write-Off | Nandini Rangas\ J Kliman | | | 79.05 | | 2202.95 |
| 08/23/18 | PPO Write-Off | Nandini Rangas\ J Kliman | | | 79.05 | | 2123.90 |
| 08/23/18 | Insurance Payment United Healthcare 30555 | Nandini Rangas\ J Kliman | | | 0.00 | | 2123.90 |
| 08/23/18 | Insurance Payment United Healthcare 30555 | Nandini Rangas\ J Kliman | | | 0.00 | | 2123.90 |
| 08/23/18 | PPO Write-Off | Nandini Rangas\ J Kliman | | | 207.08 | | 1916.82 |
| 08/23/18 | PPO Write-Off | Nandini Rangas\ J Kliman | | | 468.76 | | 1448.06 |
| 08/23/18 | PPO Write-Off | Nandini Rangas\ J Kliman | | | 613.12 | | 834.94 |
| 08/23/18 | PPO Write-Off | Nandini Rangas\ J Kliman | | | 251.15 | | 583.79 |
| 08/23/18 | Insurance Payment United Healthcare 30555 | Nandini Rangas\ J Kliman | | | 0.00 | | 583.79 |
| 08/30/18 | United Healthcare 30555 | Nandini Rangas\ J Kliman | | | | | 583.79 |
| 09/11/18 | POST-OP FOLLOW-UP VISIT | Nandini Rangas\ J Kliman | | | | | 583.79 |
| 09/11/18 | X-RAY EXAM OF FOOT | Nandini Rangas\ J Kliman | | 100.00 | | | 683.79 |
| 09/11/18 | PPO Write-Off | Nandini Rangas\ J Kliman | | | 80.36 | | 603.43 |
| 09/11/18 | Insurance Payment United Healthcare 30555 | Nandini Rangas\ J Kliman | | | 0.00 | | 603.43 |
| 09/14/18 | United Healthcare 30555 | Nandini Rangas\ J Kliman | | | | | 603.43 |
| 09/18/18 | Mailed Copy Of Medical Records For 8/23 | Nandini Rangas\ | | | | | 603.43 |
| 10/08/18 | United Healthcare 30555 | Nandini Rangas\ J Kliman | | | | | 603.43 |
| 11/20/18 | 10/25 Review Completed Per Nandini Rangas\ | | | | | | 603.43 |

There is a 4% convenience fee for all credit card transactions.

Grand Total

Expected Insurance

PLEASE PAY
THIS AMOUNT

Jeffrey S. Kliman, MD
763 Altos Oaks Dr, Ste 2
Los Altos CA 94024-5400
(650) 948-4707

Page 2 of 2

THIS IS A STATEMENT OF YOUR ACCOUNT ON THE BELOW DATE. ANY CHARGES OR PAYMENTS MADE AFTER THIS DATE WILL APPEAR ON NEXT MONTH'S STATEMENT.

ACCOUNT NO.
40198

STATEMENT DATE
03/26/19

Nandini Rangaswamy
914 Lundy Lane
Los Altos CA 94024

A FINANCE CHARGE
% PER MONTH
of
equal to an
ANNUAL PERCENTAGE RATE
% PER ANNUM
of

will be added to the unpaid balance of days or more past due
as the billing date appearing on this statement. Payments and other credits are deducted from
the Previous Balance before computing the FINANCE CHARGE.

| DATE | PROCEDURE | PATIENT NAME | PROVIDER | CHARGES | CREDITS | EXPECTED INSURANCE | BALANCE |
|----------|------------------------------|--------------------|----------|---------|---------|--------------------|---------|
| 01/30/19 | Optum Fax Appeal To Optum | Nandini Rangaswamy | | | | | 603.43 |

PAST DUE

There is a 4% convenience fee for all credit card transactions.

| | |
|------------------------|--------|
| Grand Total | 603.43 |
| Expected Insurance | 0.00 |
| PLEASE PAY THIS AMOUNT | 603.43 |