



## Your Physician Statement

Thank you for choosing UHealth for your medical needs. The balance on this statement is your responsibility. Please pay your balance in full or contact Customer Service at **1.866.429.6045**.

Pay Online at  
[billpay.uhealth.org](http://billpay.uhealth.org)

### Account Summary

Account #: 105460183

**Guarantor Name:** Braiden Miller **Statement Date:** 07/21/19 **Balance Due:** \$257.34

### Payment Plan Summary

**Amount Due:** \$53.65 **Balance Not on Payment Plan:** \$0.00  
**Remaining Amount:** \$214.59 **Remaining # of Payments:** 4 months

Service Date	Provider	Description	Charges	Credits	Insurance Balance	Patient Balance
<b>Visit on 1/17/2019 with HYSLOP, SARAH - Patient MILLER, BRAIDEN</b>						
01/17/2019	Hyslop, Sarah, PT	THERAPEUTIC EXERCISES	270.00		0.00	<b>35.68</b>
02/06/2019		Insurance Payment - Aetna		0.00		
02/06/2019		Insurance Adjustment - Aetna		201.45		
07/16/2019		Patient Payment/Adjustment		32.87		
<b>Visit on 1/24/2019 with HYSLOP, SARAH - Patient MILLER, BRAIDEN</b>						
01/24/2019	Hyslop, Sarah, PT	MANUAL THER TECH, 1+REGIONS, EA 15 MIN	90.00		0.00	<b>19.06</b>
01/24/2019	Hyslop, Sarah, PT	THERAPEUTIC EXERCISES	180.00		0.00	<b>47.77</b>





Payments are posted to the oldest open balance not under review. For payments to be posted to specific visits, please visit us online at [billpay.uhealth.org](http://billpay.uhealth.org) or call our Customer Service department at 1.866.429.6045. Please see back of statement for more information.

0 - 30 Days	31 - 60 Days	61 - 90 Days
<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Total Balance Due** **\$257.34**

Page 1 of 3

Payments are posted to the oldest open balance not under review. For payments to be posted to specific visits, please visit us online at [billpay.uhealth.org](http://billpay.uhealth.org) or call our Customer Service department at 1.866.429.6045.

   				<b>Last Statement Date</b>
CARD NUMBER				
CODE	EXP DATE	AMOUNT PAYING \$		
SIGNATURE				
ACCOUNT # 105460183	PAY THIS AMOUNT \$53.65	STATEMENT DATE 07/21/19	DUE DATE 08/15/19	

\*The code is the 3-digit code found on the back or the 4-digit code on the front if using an Amex card.

☐

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

Braiden Miller  
P.O BOX 682  
Golden CO 80402

**MAKE CHECKS PAYABLE AND REMIT TO:**  
BUSINESS SERVICES – PATIENT ACCOUNTS  
PO BOX 732165  
DALLAS, TX 75373-2165



## Your Physician Statement

Thank you for choosing UCHealth for your medical needs. The balance on this statement is your responsibility. Please pay your balance in full or contact Customer Service at **1.866.429.6045**.

**Pay Online at**  
**billpay.uchealth.org**

Service Date	Provider	Description	Charges	Credits	Insurance Balance	Patient Balance
01/24/2019	Hyslop, Sarah, PT	VASOPNEUMATIC DEVICE THERAPY	90.00		0.00	<b>10.68</b>
02/06/2019		Insurance Payment - Aetna		0.00		
02/06/2019		Insurance Adjustment - Aetna		282.49		
<b>Visit on 1/31/2019 with HYSLOP, SARAH - Patient MILLER,BRAIDEN</b>						
01/31/2019	Hyslop, Sarah, PT	MANUAL THER TECH,1+REGIONS,EA 15 MIN	90.00		0.00	<b>19.06</b>
01/31/2019	Hyslop, Sarah, PT	THERAPEUTIC EXERCISES	180.00		0.00	<b>32.92</b>
01/31/2019	Hyslop, Sarah, PT	VASOPNEUMATIC DEVICE THERAPY	90.00		0.00	<b>10.68</b>
02/11/2019		Insurance Payment - Aetna		14.85		
02/11/2019		Insurance Adjustment - Aetna		282.49		
<b>Visit on 2/6/2019 with LUECKE, ANNA - Patient MILLER,BRAIDEN</b>						
02/06/2019	Luecke, Anna, PT	MANUAL THER TECH,1+REGIONS,EA 15 MIN	90.00		0.00	<b>1.91</b>
02/06/2019	Luecke, Anna, PT	THERAPEUTIC EXERCISES	180.00		0.00	<b>4.78</b>
02/06/2019	Luecke, Anna, PT	VASOPNEUMATIC DEVICE THERAPY	90.00		0.00	<b>1.07</b>
02/19/2019		Insurance Payment - Aetna		69.75		
02/19/2019		Insurance Adjustment - Aetna		282.49		
<b>Visit on 2/15/2019 with LUECKE, ANNA - Patient MILLER,BRAIDEN</b>						
02/15/2019	Luecke, Anna, PT	MANUAL THER TECH,1+REGIONS,EA 15 MIN	90.00		0.00	<b>1.91</b>
02/15/2019	Luecke, Anna, PT	THERAPEUTIC EXERCISES	180.00		0.00	<b>4.78</b>
02/15/2019	Luecke, Anna, PT	VASOPNEUMATIC DEVICE THERAPY	90.00		0.00	<b>1.07</b>
03/04/2019		Insurance Payment - Aetna		69.75		
03/04/2019		Insurance Adjustment - Aetna		282.49		
<b>Visit on 2/22/2019 with LUECKE, ANNA - Patient MILLER,BRAIDEN</b>						
02/22/2019	Luecke, Anna, PT	MANUAL THER TECH,1+REGIONS,EA 15 MIN	90.00		0.00	<b>1.91</b>
02/22/2019	Luecke, Anna, PT	THERAPEUTIC EXERCISES	180.00		0.00	<b>4.78</b>
03/11/2019		Insurance Payment - Aetna		60.14		
03/11/2019		Insurance Adjustment - Aetna		203.17		
<b>Visit on 3/1/2019 with LUECKE, ANNA - Patient MILLER,BRAIDEN</b>						
03/01/2019	Luecke, Anna, PT	THERAPEUTIC EXERCISES	180.00		0.00	<b>4.78</b>
03/01/2019	Luecke, Anna, PT	VASOPNEUMATIC DEVICE THERAPY	90.00		0.00	<b>1.07</b>
03/01/2019	Luecke, Anna, PT	MANUAL THER TECH,1+REGIONS,EA 15 MIN	90.00		0.00	<b>1.91</b>
03/18/2019		Insurance Payment - Aetna		69.75		
03/18/2019		Insurance Adjustment - Aetna		282.49		
<b>Visit on 3/7/2019 with HYSLOP, SARAH - Patient MILLER,BRAIDEN</b>						
03/07/2019	Hyslop, Sarah, PT	MANUAL THER TECH,1+REGIONS,EA 15 MIN	90.00		0.00	<b>1.91</b>
03/07/2019	Hyslop, Sarah, PT	THERAPEUTIC EXERCISES	270.00		0.00	<b>6.86</b>
03/18/2019		Insurance Payment - Aetna		78.84		
03/18/2019		Insurance Adjustment - Aetna		272.39		
<b>Visit on 3/14/2019 with HYSLOP, SARAH - Patient MILLER,BRAIDEN</b>						
03/14/2019	Hyslop, Sarah, PT	MANUAL THER TECH,1+REGIONS,EA 15	90.00		0.00	<b>1.91</b>
<b>Total Balance Due</b>					<b>\$257.34</b>	



## Your Physician Statement

Thank you for choosing UCHealth for your medical needs. The balance on this statement is your responsibility. Please pay your balance in full or contact Customer Service at **1.866.429.6045**.

Pay Online at  
[billpay.uchealth.org](http://billpay.uchealth.org)

Service Date	Provider	Description	Charges	Credits	Insurance Balance	Patient Balance
03/14/2019	Hyslop, Sarah, PT	MIN THERAPEUTIC EXERCISES	270.00		0.00	<b>6.86</b>
03/25/2019		Insurance Payment - Aetna		78.84		
03/25/2019		Insurance Adjustment - Aetna		272.39		
<b>Visit on 3/21/2019 with HYSLOP, SARAH - Patient MILLER,BRAIDEN</b>						
03/21/2019	Hyslop, Sarah, PT	MANUAL THER TECH,1+REGIONS,EA 15 MIN	90.00		0.00	<b>1.91</b>
03/21/2019	Hyslop, Sarah, PT	THERAPEUTIC EXERCISES	270.00		0.00	<b>6.86</b>
04/01/2019		Insurance Payment - Aetna		78.84		
04/01/2019		Insurance Adjustment - Aetna		272.39		
<b>Visit on 3/28/2019 with HYSLOP, SARAH - Patient MILLER,BRAIDEN</b>						
03/28/2019	Hyslop, Sarah, PT	MANUAL THER TECH,1+REGIONS,EA 15 MIN	90.00		0.00	<b>18.35</b>
03/28/2019	Hyslop, Sarah, PT	THERAPEUTIC EXERCISES	270.00		0.00	<b>6.86</b>
04/08/2019		Insurance Payment - Aetna		62.40		
04/08/2019		Insurance Adjustment - Aetna		272.39		

Total Balance Due

**\$257.34**