

PHYSICIAN SERVICES

Please Note: Your hospital will bill you separately for hospital services, this is for your professional fees only.

▶ **QUESTIONS?**
TO PAY ONLINE, VISIT: myUCLAhealth.org
For billing questions or to make a payment, please contact us at 310.301.8860
Hours of operation:7:00 a.m. to 7:00 p.m. PST weekdays (except holidays)

MAIL PAYMENT TO:
UCLA Medical Group Patient Pay
P.O. Box 748156
Los Angeles, CA 90074-8156

▶ **ACCOUNT SUMMARY**
GUARANTOR NUMBER.....1000959653
STATEMENT DATE.....05-09-2018
FINANCIALLY RESPONSIBLE.....Chengyuan Xu
CHARGES.....\$2,521.00
PAYMENTS.....\$1,413.26-
ADJUSTMENTS.....\$821.67-
INSURANCE RESPONSIBILITY.....\$0.00

YOUR RESPONSIBILITY TO PAY
\$286.07 DUE: Upon Receipt

PROVIDER	DATE OF SERVICE	PROCEDURE/ DESCRIPTION	CHARGES	PATIENT PAYMENTS	INSURANCE PAYMENTS	ADJUSTMENTS	PENDING INSURANCE	YOUR RESPONSIBILITY
For XU,CHENGYUAN at Rad Ultrasound Ba/UCLA RADIOLOGY 1MPL								
Maitraya K. Patel,	03/27/18	76870-ULTRASOUND, SCROTUM	573.00	0.00-	390.18-	85.28-	0.00	97.54
Maitraya K. Patel,	03/27/18	93976-DUPLEX ABD/PEL VASC	1,090.00	0.00-	654.11-	272.36-	0.00	163.53
For XU,CHENGYUAN at Uro Urology Mens Hlth Ba/UCLA CLARK UROLOGY								
Jesse N. Mills, MD	03/27/18	99214-OFFICE/OUTPT VISIT,	858.00	0.00-	368.97-	464.03-	0.00	25.00
		Total For Patient	2,521.00	0.00-	1,413.26-	821.67-	0.00	286.07

						All Amounts Owed 286.07	
						Minimum Amount Due Now 286.07	
		Current	30 Days	60 Days	90 Days	Over 120 Days	
GUARANTOR RESPONSIBILITY		286.07	0.00	0.00	0.00	0.00	
SOME CHARGES PENDING WITH YOUR INSURANCE ARE NOT SHOWN ON THIS STATEMENT							





PLEASE DETACH AND RETURN BELOW PORTION WITH YOUR PAYMENT

UCLA

Health

P.O. Box 240005
Village Station
Los Angeles, CA 90024

TO PAY ONLINE, VISIT: myUCLAhealth.org
☐ Check this box if your address or insurance have changed. Indicate changes on the back of this page
MAKE CHECK OR MONEY ORDER PAYABLE TO: UCLA MEDICAL GROUP

GUARANTOR NUMBER 1000959653	STATEMENT DATE 05/09/2018	AMOUNT DUE \$286.07
<input type="checkbox"/> 	<input type="checkbox"/> 	MINIMUM DUE \$286.07
<input type="checkbox"/> 	<input type="checkbox"/> 	AMOUNT ENCLOSED
PLEASE PRINT CARDHOLDER NAME		
Card No.	<input type="text"/>	<input type="text"/>
Card Holder SIGNATURE	Exp Date <input type="text"/>	

USE ENCLOSED ENVELOPE TO MAIL PAYMENTS TO THE ADDRESS BELOW:ADDRESSEE:

UCLA Medical Group Patient Pay
P.O. Box 748156
Los Angeles, CA 90074-8156


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Chengyuan Xu
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