



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 NUMBER1000959653
STATEMENT DATE
FINANCIALLY RESPONSIBLEChengyuan 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

IMPORTANT: ABOUT YOUR PHYSICIAN ACCOUNT

If these charges are related to an Emergency Room physician and you are uninsured or have high medical costs, please contact Customer Service at 310-301-8860 for information on discounts and programs for which you may be eligible, including the Medi-Cal program. If you have coverage, please tell us so that we may bill your plan.

This balance is now your responsibility. Please, remit payment in full. An envelope is enclosed for your payment.

myUCLAhealth.org

You can now view and pay your bill through your account with myUCLAhealth.

Your Medical Record Number 5403112

INSURANCE INFORMATION

Please confirm that this information is correct.

 $\Box \sqrt{}$ if there are changes, and enter them on back of tear-off payment stub.

PRIMARY

.....AETNA US HEALTHCAREw237750062

SECONDARY

INSURANCE NAME.....NONE
POLICY NUMBER....NONE

PROVIDER	DATE OF	PROCEDURE/	CHARGES	PATIENT	INSURANCE	ADJUSTMENTS	PENDING	YOUR
	SERVICE	DESCRIPTION		PAYMENTS	PAYMENTS	ADJUSTMENTS	INSURANCE	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 Hith Ba/UCLA CLARK UROLOGY								
		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



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

TO PAY ONLINE, VISIT: myUCLAhealth.org

Fig. 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

USE ENCLOSED ENVELOPE TO MAIL	PAYMENTS TO T	HE ADDRESS BELOW:

GUARANTOR NUMBER	STATEMENT DATE	AMOUNT DUE				
1000959653	05/09/2018	\$286.07				
1000333033	03/03/2010	,				
VISA	and,	MINIMUM DUE \$286.07				
DISCOVER SECO	N T	AMOUNT ENCLOSED				
PLEASE PRINT CARDHOLDER NAME						
Gard No.						
Card Holder SIGNATURE		Exp Date				

ADDRESSEE:

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

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*1*1 1 SP 0.465****SNGLP 900** Chengyuan Xu 6530 El Colegio Room 3308 Santa Barbara CA 93106-4203