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Nikolai Schlegel  
6 Elizabeth Ln  
Danville CA 94526-1547

This bill covers anesthesiology services rendered at

**SEQUOIA SURGICAL PAVILION**

Patient: **Nikolai Schlegel**  
Account number: **37345458**  
Bill ID: **2461 - 7446 - 2168**  
Printed on: **Nov 15, 2022**

**Difficulty paying your bill?**

Visit [pay.envisionhealth.com](https://pay.envisionhealth.com) to set up an affordable payment plan and see more ways to resolve your balance.

**Your total is \$3,233.43**

You have one bill that is ready to pay. The total amount is due by **Dec 15, 2022**.

Additional information about your bill or insurance coverage can be found online or on your statement details. Visit [pay.envisionhealth.com](https://pay.envisionhealth.com) for more information.

**SEE BACK FOR DETAILS →**

Total billed	\$4,031.00
Insurance adjusted	-\$3,233.43
Insurance paid	-\$797.57
UNITED HEALTHCARE	-\$797.57
SELF PAY AFTER	-\$0.00
INSURANCE	
Provider adjusted	\$3,233.43
<b>Total due</b>	<b>\$3,233.43</b>



DETACH AREA BELOW AND SEND WITH PAYMENT

**Ways to Pay**

**Online**

Pay via desktop or mobile:  
[pay.envisionhealth.com](https://pay.envisionhealth.com)

Bill ID: **2461 - 7446 - 2168**

**Phone**

To pay by phone, call toll-free  
24/7:  
**(877) 302-4550**

**Mail**

Mail check or money order  
with this part of the bill to the  
address on the reverse side.  
Do not send cash.



**Scan to pay online.**

Just point your phone's camera at the code to scan. Some phones may require a QR code app.

**Need Help?**

Call our team toll-free  
(Mon to Fri 8AM to 7PM EST)  
**(844) 248-4320**

Live Chat  
[pay.envisionhealth.com](https://pay.envisionhealth.com)

**Your visit to SEQUOIA SURGICAL PAVILION**

Due date: Dec 15, 2022

Date of service: Aug 31, 2022 | Clinician: Joshua Meezan MD

Service	Billed
N BLOCK INJ SCIATIC SNG - 64445N N Block Inj Sciatic Sng	\$1,300.00
Ultrasound - 76942 Insertion of needle with ultrasound guidance	\$490.00
Anesthesia - 01472 Anesthesia for Achilles tendon (foot/heel) procedures	\$2,241.00

**Additional information**

Your insurance denied your claim stating the service provided is not covered by your plan. Please contact your insurance directly to reconsider covering the care provided. You are responsible for the balance pending resolution with your insurance.

Subtotal billed	\$4,031.00
Insurance adjusted	- \$3,233.43
Insurance paid	- \$797.57
Provider adjusted	\$3,233.43
Amount due (subtotal)	\$3,233.43

**Continued on next page**

DETACH AREA BELOW AND SEND WITH PAYMENT

**Mail this slip with check**

Account Holder: **Nikolai Schlegel**  
Account Number: **37345458**  
Bill Amount: **\$3,233.43**

MAKE CHECK PAYABLE &amp; MAIL TO:



**Medical Anesthesia Consultants Medical Group Inc**  
PO Box 749088  
Los Angeles, CA 90074-9088

3734545805300000000000NIKOLAISCHLEGEL0000323343111520229

Your bill summary



Total billed	\$4,031.00
Insurance adjusted	-\$3,233.43
The discounted amount applied by your insurance.	
Insurance paid	-\$797.57
The benefit amount your insurance has paid based on your plan.	
Provider adjusted	\$3,233.43
The adjusted amount made by your provider such as an additional fee or write-off.	
Total due	\$3,233.43





## UNDERSTANDING YOUR BILL



As a patient, you received care from our clinicians during your visit/stay



Clinicians bill separate from the facility where you received care



If you are insured, we submitted the bill to your insurance, who determined your responsibility



This bill is for the portion you owe



If you are uninsured, this bill is your responsibility. If you need assistance, contact us for options

## FREQUENTLY ASKED QUESTIONS

### Who is Envision?

Envision Physician Services is a national group of care providers. We work with medical departments such as hospitals and clinics by providing physicians and advanced practice providers that deliver your care. While Envision providers come from many specialties, this bill is for our anesthesia specialists in general, regional, or monitored anesthesia care.

### Why am I receiving this bill?

This bill is for the medical care you received from an Anesthesia clinician during your visit or stay. Since the facility and clinicians are paid separately, you might receive more than one bill.

### Why did I get a bill if I have insurance?

The insurance company will apply the benefits of your plan and then determine your responsibility. We worked directly with your insurance company prior to sending a bill. This bill reflects the portion of the cost that is your responsibility to pay directly to the physician practice that provided your care. If you believe your insurance company made an error, please contact them directly.

### Is this a duplicate bill?

This is not a duplicate bill. Charges for clinicians who care for you during a visit or admission to the hospital may be separate from those of the facility where you received care. You may receive separate bills for the same visit or admission.

### Why is there a charge from a physician I do not recognize or when I didn't visit their practice?

During your visit to the facility specified on your bill, you received care from a medical specialist that is a member of an Envision practice. You may not have interacted with the clinicians who provided input into your case.

### My insurance information is missing

Please contact us at the number listed on the front of your statement so that we can update your account. We will work directly with your insurance company to submit your claim.

### What if I get a bill that seems higher than I expected?

Envision does not balance bill patients. However, when patients receive care from out of network providers, they may experience higher deductibles or coinsurance due to their insurance company's plan design. In some circumstances, insurance companies do not provide clear or accurate information regarding your coinsurance and deductible. If you feel your bill is incorrect or you would like to speak with Envision about a payment plan or support with your bills, please contact us.

**Know your rights:** If our services were performed by an out-of-network provider at an in-network facility, your plan should provide in-network coverage. Please contact us if you have questions regarding your bill.

Please visit [www.envisionphysicianservices.com/billing-disclosure](http://www.envisionphysicianservices.com/billing-disclosure) for information on your patient rights.

The states below require the following billing disclosures for patients who were treated by an out of network provider. If you are unsure whether you were treated by an out of network provider and this bill is for out of network services, please contact the phone number listed on the front of your statement.

- **Tennessee:** You were treated by a facility-based physician that does not have a contract with your insurance company. Your insurance company has paid a rate that is below the amount billed for physician services. You may call 800.355.2470 to discuss this statement and any possible alternative payment arrangement. If your balance is more than \$200 over your applicable cost-share and you finalize and comply with a payment plan agreement within 45 days of receipt of this statement, the provider will not provide any adverse information to a credit reporting agency regarding any amount owed on your account. You may call the TN Department of Insurance at 1.800.342.4029 to complain about the charges contained in this bill.
- **Arizona:** If your balance is more than \$1,000 from an out-of-network (non-contracted) provider for services provided at an in-network (contracted) facility, Arizona law may give you the right to a dispute resolution process through the Arizona Department of Insurance. The process begins with you filing a request with the Department. If the bill qualifies for dispute resolution, you or someone you designate to represent you will need to participate in the process. For more information visit the Surprise Out-of-Network Bill Dispute Resolution web page at [insurance.az.gov/soonbdr](http://insurance.az.gov/soonbdr).
- **California:** This communication is not a bill but an estimate of what is owed. You are not responsible for any amount indicated in this communication until you have received confirmation of your cost sharing amount from your health service plan. Please notify us if the amount owed on this communication is different from what your health service plan indicated you owe.