



2637 Shadelands Dr
Walnut Creek, CA 94598

GUARANTOR NAME	ACCOUNT NUMBER	STATEMENT DATE	DU DATE	AMOUNT DUE
NIKOLAI SCHLEGEGL	331693	05/02/23	05/23/23	\$38.20
INSURANCE COMPANY	GROUP/PLAN	POLICY/ID NUMBER	SUBSCRIBER NAME	
UNITED HEALTHCARE PPO	700406	944254698	SCHLEGEGL, NIKOLAI	

Detail of Services, Charges, Claims, and Payments for: NIKOLAI SCHLEGEGL

Service Date: 03/20/2023	Patient Name: NIKOLAI SCHLEGEGL	Location:
Provider: NAGESETTY, RAJIV		
Services and Charges		Claims, Payments, Adjustments
03/20/2023 99204	Office/Outpatient New Moderate Mdm	\$585.00
		ADJUSTMENTS
		4/3/2023 Insurance Adjustment \$317.23
		PAYMENTS
		4/3/2023 Insurance Payment \$240.99
		4/13/2023 Patient Payment \$26.76
Total Charges for this visit	\$585.00	
Referring Physician: SHARMA, ANITA		Subtotal Due for this visit: \$0.02

Service Date: 03/31/2023	Patient Name: NIKOLAI SCHLEGEGL	Location:
Provider: NAGESETTY, RAJIV		
Services and Charges		Claims, Payments, Adjustments
03/31/2023 93970	Duplex Extrem Venous,Bilat	\$776.00
		ADJUSTMENTS
		4/21/2023 Insurance Adjustment \$394.23
		PAYMENTS
		4/21/2023 Insurance Payment \$343.59
Total Charges for this visit	\$776.00	
Referring Physician: NAGESETTY, RAJIV		Subtotal Due for this visit: \$38.18

This statement balance is your financial responsibility which is now due. We would appreciate your prompt attention to this matter by sending your payment today. Please contact our office if you have questions or concerns regarding your account at 925-627-3424. Thank you.
To pay online go to: www.bassmedicalgroup.com/pay-online/

Billing Inquiry
Call 925-627-3424
Monday - Thursday
8:00 am - 5:00 pm PST
Friday 8:00 am - 3:00 pm PST

Pay Your Bill
Call 925-627-3424
Monday - Thursday
8:00 am - 5:00 pm PST
Friday 8:00 am - 3:00 pm PST

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



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Walnut Creek, CA 94598

Please Make Checks Payable To:
BASS MEDICAL GROUP

To pay online go to: www.bassmedicalgroup.com/pay-online/

Please detach and return this portion with payment.

Credit Cards Accepted		
ACCOUNT NUMBER	STATEMENT DATE	DU DATE
331693	05/02/23	05/23/23
AMOUNT NOW DUE	AMOUNT ENCLOSED	
\$38.20	\$	

For security purposes we are unable to accept credit card numbers by mail. Please call our office to make a credit card payment.

* 
ADDRESSEE
 NIKOLAI SCHLEGEL
 6 ELIZABETH LN
 DANVILLE CA 94526-1547

REMIT TO

 BASS MEDICAL GROUP
 PO BOX 97297
 LAS VEGAS NV 89193-7297

0040510000000000003316930000000000038206

Do We Have Your Insurance Information?

Accurate insurance information helps ensure prompt payments by your insurance company. Complete this insurance information area only if information has not been previously provided or has changed. Please enclose copies of the front and back of your insurance card.

Medicare

Blue Cross

Other Insurance

Public Aid

Insured Name: _____ Relation to Pt.: _____

Insurance Co. Name: _____ Co-Pay Amount: _____

Insured Social Security #: _____

Insurance Co. Address #: _____

Group/Policy/Recipient #: _____

Insurance Verification Phone #: _____

Employer: _____

Employer Address: _____

I authorize to submit any or all medical data to my insurance company, and authorize the assignment of any benefits or payments. I understand I am financially responsible for charges not covered by this authorization.

Signed _____ Date _____

CHANGE OF ADDRESS

Name _____	Phone _____
Address _____	
City _____	State _____ Zip _____