

P.O. BOX 102860 | PASADENA, CA 91189-2860

PATIENT STATEMENT

Billing questions or changes of insurance?
 Call 866.751.2459
 Office Hours: Monday-Friday 8am - 5pm
 Check if address/insurance changes on back

TX-100



000008 - 2447

Addressee

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Make a One-Time Online Payment at:
<https://www.johnmuirhealth.com/mychart/billing/guestpay>

Guarantor Number	Due Date	Amount Due	Amount Paid
10855	06/06/2023	\$12.29	\$

Please make checks payable and remit to:

 Nikolai Schlegel
 6 ELIZABETH LN
 DANVILLE CA 94526-1547

 JOHN MUIR HEALTH
 PO BOX 102860
 PASADENA CA 91189-2860

102860 00000010855 ? 0000001229 5

Please detach and return top portion with payment.

Guarantor Number	Guarantor Name	Statement Date	Due Date
10855	NIKOLAI SCHLEGEL	05/17/2023	06/06/2023

Date	Service Description	Status	Charges	Payments/ Adjustments	Patient Balance
Clinic Services					
04/24/2023	Mikhaila Marie Schlegel Provider: Cortez, Paul, MD				
04/24/2023	Visit #: 63974321				
04/24/2023	Office/Outpatient Established Low Mdm		\$210.00		
04/24/2023	Iaadiadoo Influenza		\$64.00		
04/24/2023	Iaadiadoo Streptococcus Group A		\$64.00		
05/17/2023	United Healthcare / UHC Adjustment			-\$166.96	
05/17/2023	United Healthcare / UHC Payment			-\$158.75	
	Visit Balance	Current			\$12.29

Go paperless with MyChart


Sign up for paperless billing statements
 through **MyChart**. Go to communication preferences
 to select email or text messages for billing.
 Learn more at johnmuirhealth.com/savetime

STATEMENT SUMMARY

Total Charges:\$338.00
 Insurance Payments/Adjustments:-\$325.71
 Patient Payments/Adjustments:\$0.00

AMOUNT DUE:
\$12.29

Primary Insurance Updates

Primary Insured Name

Primary Insurance Name

Effective Date

Primary Insurance Street Address

City	State	ZIP	Telephone
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Employer Name	Group Number
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Subscriber ID #	Policyholder's Date of Birth
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Secondary Insurance Updates

Secondary Insured Name

Secondary Insurance Name

Effective Date

Secondary Insurance Street Address

City	State	ZIP	Telephone
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Employer Name	Group Number
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Subscriber ID #	Policyholder's Date of Birth
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Change of Address

Name (Last, First, Middle Initial)

Address

City

State

ZIP

Telephone

If you have a change of address please check the box on the front of the statement.

General Information

This statement is for John Muir Health Medical Centers and professional services offered by John Muir Health Physician Network providers. You may also receive statements from a surgical center or hospital, pathology laboratory, anesthesia and other providers, imaging, or Durable Medical Equipment provider. If you have questions regarding charges from other providers please contact them at the number that appears on their statements.

Financial Policy

Balances not paid by your insurance are due within 21 days of the statement date. If you are unable to make payment in full, please contact us via our MyChart portal, or call Customer Service at 866.751.2459 to make a payment plan. We offer no-interest payment plans up to 18 months.

If your account remains unpaid, it will be placed with a collection agency for the collection of your debt and reported to a credit reporting agency.

Patient Financial Assistance

This program pays all or part of your hospital bills. Qualification for the program, as well as the amount covered, is based on your household income and other factors. Our program is designed to aid uninsured patients who need assistance in meeting the cost of their medical care incurred at one of our hospitals. To obtain an application, please call (925) 947-3336 or visit johnmuirhealth.com/patienthelp.

Insurance Claims

As a courtesy, John Muir Health files claims directly to your insurance company. Please be sure to present your current insurance card(s) at each appointment to ensure we have accurate information on your account. It is your responsibility to verify your benefits and provider and facility network coverage. If you have questions about how your insurance benefits were determined please contact your insurance company directly at the number on the back of your card(s).

Eligibility Services

John Muir Health is not a contracted provider with many State of California healthcare programs, including MediCal. However, we accept members under these programs for many services accessed through the emergency departments of our hospitals. To help our patients qualify for MediCal programs/other state funded programs, we offer on-site eligibility services. These are provided through a contracted vendor, who will help you through the state-mandated process. This service is offered at no cost to you. For more information about MediCal, please call 800.709.8348 or visit medi-cal.ca.gov.

You may also contact the local consumer assistance center at the community Legal Services Office for assistance. You may contact Bay Area Legal Aid at 855.693.7285 or visit baylegal.org.

Bill Payment

You may pay your bill online by credit card at www.johnmuirhealth.com/mychart/, or by check using the attached coupon and enclosed envelope.

Make a One-Time Online Payment at:
www.johnmuirhealth.com/mychart/billing/guestpay

Consumer Notice: State and Federal law require debt collectors to treat you fairly and prohibit them from making false statements, threats, using profane or obscene language, or have improper communications with third parties including your employer. Except under unusual circumstances, debt collections may not contact you before 8:00am or after 9:00 pm. In general, a debt collector may not give information about your debt to another person other than an attorney or spouse but may contact another person to confirm your location or to enforce a judgement. For additional information, please contact the Federal Trade Commission at 877.HTC.HELP or online at: www.ftc.gov. Non-profit credit counseling services may be available in the area.



Thank you for choosing John Muir Health for your health care needs.

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