



Tri-Valley Orthopedic Specialists, Inc.

Solving Musculoskeletal Problems Since 1985



Patient Name: **NIKOLAI SCHLEGEL**

Date: **JANUARY 23, 2024**

DOB: **9/30/1970**

MRN#: **304121**

The amount below that is due and payable today is **ONLY AN ESTIMATE** based on the general information your insurance carrier has provided to us and is not a guarantee of coverage or payment by your carrier. Actual benefits are determined **ONLY WHEN** the claim is received, and your carrier makes the final determination of your eligibility, deductible and co-insurance portions. You may receive a statement for any additional amounts your insurance carrier deems as your portion to pay.

If you have any questions regarding the amounts due, please call your insurance carrier for further verification.

Estimated amount due today: **\$250 TO DEDUCTIBLE**

Nikolai Schlegel

[Signature]

Print Name

Signature

Date

Billing questions: **925-332-0006, option 1**

Tri-Valley Orthopedics

4626 Willow Road
PLEASANTON, CA, 94588-8517
9254630470

Approval code:	023051	Transaction type:	PURCHASE
Record number:	33597	Date/time:	01/23/2024 09:03 AM PST
Trace number:	042665	Type:	MasterCard
Transaction reference number:	123170354	Account number:	XXXXXXXXXXXX0197
Transaction identifier:	MHHXMD92N	Cardholder name:	NIKOLAI SCHLEGEL
		Patient identifier:	304121

Subtotal: 250.00

Sales Tax: 0.00

Total: 250.00

(customer copy)

BASS MEDICAL GROUP

please send payments to:
BASS MEDICAL GROUP
PO BOX 97297
LAS VEGAS, NV 89193-1111
billing phone: (925) 332-0006

department of service:
CA_CATVO_Pleasanton Office
4626 WILLOW RD
PLEASANTON, CA 94588-8564
dept phone: 9254630470

printed
01/23/2024 09:03
AM

GUARANTOR NAME AND ADDRESS
NIKOLAI SCHLEGEL
6 ELIZABETH LN
DANVILLE, CA 94526-1547

PATIENT #	PATIENT NAME	PROVIDER	DATE	DEPARTMENT
304121	NIKOLAI SCHLEGEL	CATVO MRI	01/23/2024	CA_CATVO_Pleasanton Office
DOB.	TELEPHONE	CURRENT INSURANCE	CERTIFICATE#	AUTH#
09/30/1970	(858) 472-0566	UNITED HEALTHCARE (POS)	*****4698	

CHARGES CREATED ON 01/23/2024

Date of Service	Diagnosis Codes	Procedure Code	Description	Original Insurance Plan	Supervising Provider	Amount
01/23/2024	M25562	73721	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	CURRENT	KAMBIZ BEHZADI	\$862.00

Total Charge Amount

\$862.00

PAYMENTS ON 01/23/2024

Post Date	Date of Service	Diagnosis Codes	Procedure Code	Original Insurance Plan	Supervising Provider	Reason For Payment	Method of Payment	Amount
01/23/2024				*SELF PAY* [0]		Payment for Todays Service	MC/VISA *****0197	\$250.00

Total Payment Amount

\$250.00