

## ▶ YOUR INFORMATION

Page 1 of 3 Statement Date: 05/05/23  
 Guarantor Name Nikolai Schlegel  
 Guarantor ID # 102023144  
 Account Numbers Located on following pages  
 Payment Due Date 06/04/23

Please see reverse side for information regarding Financial Assistance, or to update your insurance information. You can now apply online for Financial Assistance  
<https://www.ucsfhealth.org/billing-and-insurance>

## ▶ YOUR ACCOUNT SUMMARY

Prior Statement Date: 04/05/22  
 Patient Payments Received Since Last Statement: \$0.00  
 Current Balance \$245.31

**AMOUNT DUE NOW \$245.31**

## ▶ A MESSAGE FOR YOU ...

Please pay the amount due.

## ▶ UCSF MYCHART

- Get answers to your medical questions from home
- Get your test results faster
- Request prescription refills
- Request an appointment
- Keep track of your family's health

## ▶ QUESTIONS



Toll Free:  
1-866-433-4035

International:

415-353-3914

Hours 8 am to 4 pm PST Mon-Fri



Online, via MyChart <https://www.ucsfhealth.org/mychart>

## ▶ YOUR PAYMENT OPTIONS



MyChart Billing <https://www.ucsfhealth.org/ucsfmychart/>

Pay as guest: <https://www.ucsfhealth.org/guestpay/>



By Phone: Patient Financial Services : 1-866-433-4035  
 (automated phone payment system is available 24/7)



By mail: Credit Card and Checks, complete coupon below and return.

Easy Access to Pay  
Please Scan to Pay As Guest



Thank you for selecting UCSF Health for your healthcare needs.

4990-UCSFSTMT-4873857-3454232988-P; 22525949-1-225; 35181423-3;

UNDELIVERED MAIL ONLY - DO NOT USE FOR PAYMENT OR CORRESPONDENCE

UCSF Medical Center  
 P.O. Box 3475  
 Toledo, OH 43607-0475

(Undelivered Mail Only. Do Not Use)

Please do NOT send correspondence or payment to this address.



Check box if address below is incorrect or changed and indicate change(s) on back. ☐

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0303

NIKOLAI SCHLEGEL  
 6 ELIZABETH LN  
 DANVILLE, CA 94526-1547



FOR CREDIT CARD PAYMENT, PLEASE FILL OUT BELOW

	<input type="checkbox"/> MASTERCARD		<input type="checkbox"/> DISCOVER		<input type="checkbox"/> VISA		<input type="checkbox"/> AMEX
CREDIT CARD NUMBER							
SIGNATURE							
EXP. DATE REQUIRED							
CARD HOLDER NAME				STATEMENT DATE		PAYMENT DUE DATE	
				05/05/23		06/04/23	
GUARANTOR ID # 102023144				<b>AMOUNT DUE</b> \$245.31		AMOUNT PAYING \$	

Make checks payable to: **UC REGENTS.**

659614 (PC2)

→ PLEASE USE FOR PAYMENT OR CORRESPONDENCE  
 UC REGENTS - WELLS FARGO  
 PO BOX 885631  
 LOS ANGELES, CA 90088-5631



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## SOME IMPORTANT INFORMATION ABOUT THIS STATEMENT OF YOUR ACCOUNT

### 1. Payment Terms/Financial Policy

This patient statement is a summary of services, charges, payments and adjustments applied to your accounts. This is a consolidated bill for the hospital, Home Health, and physician services at UCSF Medical Center. Uninsured patients automatically receive a 30% discount for Inpatient services and a 40% discount for Outpatient services. For patients who have insurance coverage, UCSF bills patients after the insurance payer has processed your claim and determined any deductible, coinsurance and non-covered items due from you. Please submit your payment by the "due date" listed on the front page of this statement. You may pay by check or credit card using the payment coupon or electronically using the options shown on the front page.

If you are unable to pay your balance in full, you may be eligible to establish a monthly payment plan please contact Patient Financial Services, toll free at 1-866-433-4035 for more details.

### 2. Financial Assistance

Financial assistance is available for patients who meet eligibility criteria. If you have no insurance or are under insured and meet certain low and moderate income requirements, you may be eligible for a Government Program [Medicare, Medi-Cal, etc. ] or access to other financial assistance. Please contact Patient Financial Services toll free at 1-866-433-4035 for more details. For information regarding Covered California plans available through the Affordable Care Act, please call Covered California at 1-800- 300-1506 or visit [www.coveredca.com](http://www.coveredca.com).

### 3. Frequently Asked Questions

#### *"Where can I call if I have questions about my bill?"*

Please call Patient Financial Services at 1-866-433-4035, Monday through Friday between the hours of 8:30am and 4:00pm [excluding holidays]. Additional information is available on-line at [www.ucsfhealth.org](http://www.ucsfhealth.org) in the "For Patients" section. Our website also offers a wide range of useful information about UCSF and other health related topics.

#### *"How can I pay my bill?"*

In addition to check and credit card payments by mail using the payment coupon on the first page, UCSF Medical Center accepts payments over the phone and on line. We accept, Visa, MasterCard, Discover and American Express.

Please make checks payable to: **UC REGENTS**

#### *"Why don't I receive statements monthly?"*

UCSF Medical Center will send you a statement for all accounts that have a current balance that is your financial responsibility. UCSF will not send a statement while we await your insurance to pay.

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE . . .

#### ABOUT YOU:

YOUR NAME (Last, First, Middle Initial)			
ADDRESS			
CITY	STATE	ZIP	
TELEPHONE	CELL PHONE		
( )	( )		
EMPLOYER'S NAME	TELEPHONE		
	( )		
EMPLOYER'S ADDRESS	CITY	STATE	ZIP

#### ABOUT YOUR INSURANCE:

YOUR PRIMARY INSURANCE COMPANY'S NAME		EFFECTIVE DATE
PRIMARY INSURANCE COMPANY'S ADDRESS		PHONE
CITY	STATE	ZIP
POLICYHOLDER'S ID NUMBER		GROUP PLAN NUMBER
YOUR SECONDARY INSURANCE COMPANY'S NAME		EFFECTIVE DATE
SECONDARY INSURANCE COMPANY'S ADDRESS		PHONE
CITY	STATE	ZIP
POLICYHOLDER'S ID NUMBER		GROUP PLAN NUMBER

 YOUR ACCOUNT DETAIL

## ACCOUNTS

HOSP ACCT# 202538849      PATIENT: Mikhaila Schlegel      PROVIDER: Bamidele Fayemi Kammen, MD  
Dates of service from 04/22/23 to 04/22/23.      SITE: BCH OAK Magnetic Resonance Imaging

Date	Code	Charge Description	Charge Amount	Insurance Payment	Insurance Adjustment	Patient Adjustment	Patient Payment	Patient Liability
04/22/23	0610	Magnetic Resonance Imaging	4,575.00					
04/27/23	4341	Insurance Adjustment			-2,121.88			
05/05/23	1034	Insurance Payment		-2,207.81				

<b>Account Summary</b>			<b>4,575.00</b>	<b>-2,207.81</b>	<b>-2,121.88</b>	<b>0.00</b>	<b>0.00</b>	<b>245.31</b>
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**Patient Liability**

Coinurance Amount: The patient liability on your account has been established by your insurance company as coinsurance. If you have a question about this liability please contact your insurance company.

Please pay the amount due.

**TOTAL AMOUNT OWED THIS STATEMENT****\$245.31**

Continued on next page

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▶ YOUR ACCOUNT DETAIL

CONTINUED

**Coverages on Account**

**Effective Date From**

**Effective Date To**

United Healthcare

03/01/22

United Healthcare

03/01/22

The above insurance coverage[s] are currently on file . If this information is incorrect, please call or email Patient Financial Services or complete the back of the payment coupon located on the reverse of the first page of this statement and return in the enclosed envelope.

**Open Enrollment Questions?**

For information on which insurance companies are contracted with UCSF Health, please visit: [https://www.ucsfhealth.org/billing\\_and\\_records/health\\_insurance/](https://www.ucsfhealth.org/billing_and_records/health_insurance/)



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