

MAKE CHECKS PAYABLE TO:



www.goldenstateortho.com
2625 Shadelands Drive, Walnut Creek, CA 94598

ADDRESSEE:

RETURN SERVICE REQUESTED 0 0

32-12295
11239666.5
NIKOLAI SCHLEGEL
6 ELIZABETH LN
DANVILLE, CA 94526-1547

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

Page 1 of 2

Save time. Pay online!
Pay your bill online at: www.goldenstateortho.com
Use bill pay code: F6RNYW

See reverse side to make a payment by credit card or check.

PAYMENT DUE DATE	PATIENT RESPONSIBILITY
UPON RECEIPT	CONTINUED
ACCOUNT NUMBER	STATEMENT DATE
208425	02/01/2023

REMIT TO:

GOLDEN STATE ORTHOPEDICS & SPINE
PO BOX 31396
WALNUT CREEK CA 94598-8396



Please detach and return top portion with payment

DATE	DESCRIPTION	CHARGES	PAYMENTS & ADJUSTMENTS	PATIENT RESPONSIBILITY
11/11/2022	ENCOUNTER 6161050 FOR SCHLEGEL, NIKOLAI WITH THOMAS PT, DISHY			
11/11/2022	97110 (QTY 2.00) - THERAPEUTIC EXERCISES	\$108.00		(\$10.10)
11/28/2022	UHC Payment		(\$65.12)	
11/28/2022	UHC Adjustment		(\$52.98)	
11/11/2022	97112 (QTY 2.00) - NEUROMUSCULAR REEDUCATION	\$126.00		\$0.10
11/28/2022	UHC Adjustment		(\$60.88)	
11/28/2022	UHC Payment		(\$55.02)	
01/07/2023	Patient Payment Credit Card		(\$10.00)	
	ENCOUNTER TOTAL			(\$10.00)
12/29/2022	ENCOUNTER 6226275 FOR SCHLEGEL, NIKOLAI WITH SMITH PA, MEGAN N			
12/29/2022	99213 - OFFICE/OUTPATIENT VISIT, EST	\$324.00		(\$10.00)
01/03/2023	ZApplied Encounter / Invoice Credit		(\$10.00)	
01/13/2023	UHC Payment		(\$78.52)	
01/13/2023	UHC Adjustment		(\$245.48)	
	ENCOUNTER TOTAL			(\$10.00)
01/06/2023	ENCOUNTER 6235109 FOR SCHLEGEL, NIKOLAI WITH THOMAS PT, DISHY			
01/06/2023	97110 (QTY 3.00) - THERAPEUTIC EXERCISES	\$162.00		\$135.15
01/27/2023	UHC Payment			
01/27/2023	UHC Adjustment		(\$26.85)	
01/06/2023	97112 - NEUROMUSCULAR REEDUCATION	\$63.00		\$37.00
01/27/2023	UHC Adjustment (PR1 (Deductible Amount))		(\$26.00)	
01/27/2023	UHC Payment (PR1 (Deductible Amount))			
01/06/2023	97530 - THERAPEUTIC ACTIVITIES	\$70.00		
	ENCOUNTER TOTAL			\$172.15
01/09/2023	ENCOUNTER 6237165 FOR SCHLEGEL, NIKOLAI WITH ASHIMOTO DPT, KRISTIN			
01/09/2023	97110 (QTY 2.00) - THERAPEUTIC EXERCISES	\$108.00		\$81.15
01/27/2023	UHC Payment			
01/27/2023	UHC Adjustment		(\$26.85)	

MESSAGE:

It is the policy and commitment of GSOS that it does not discriminate on the basis of race, age, color, sex, national origin, physical or mental disability, or religion.



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208425	02/01/2023
PAYMENT DUE DATE	UPON RECEIPT
PATIENT RESPONSIBILITY	CONTINUED



2625 Shadelands Drive
Walnut Creek, CA 94598

BILLING QUESTIONS
(925) 210-8593

Please see reverse side of statement for important billing questions.

PLEASE UPDATE ANY INFORMATION THAT HAS CHANGED SINCE YOUR LAST STATEMENT

IF PAYING BY CREDIT CARD, FILL OUT BELOW	
SEE FRONT FOR ACCEPTED CREDIT CARDS	NAME ON CARD
CARD NUMBER	AUTHORIZATION Code: <small>(usually last 3 or 4 digits on back of card in signature area)</small>
SIGNATURE	EXP. DATE
<input type="checkbox"/> PAYING BY CHECK SHOW AMOUNT PAID HERE \$	

PRIMARY INSURANCE COMPANY NAME		
INSURANCE COMPANY'S ADDRESS		
CITY	STATE	ZIP
POLICY HOLDER NAME	HOLDER'S DOB	RELATIONSHIP TO INSURED
INSURED'S ID NUMBER	GROUP PLAN NUMBER	
SECONDARY INSURANCE COMPANY NAME		
INSURANCE COMPANY'S ADDRESS		
CITY	STATE	ZIP
INSURED'S ID NUMBER	GROUP PLAN NUMBER	

ADDRESS CORRECTION

COMPLETE THIS SECTION IF YOUR ADDRESS ON REVERSE SIDE IS INCORRECT

NAME
ADDRESS
CITY
STATE, ZIP

FINANCIAL POLICY

We are committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees or your responsibility as a patient.

How much do I really owe?

You are responsible for the amount listed in the box PATIENT RESPONSIBILITY. As every insurance plan is different, if you disagree with how your insurance paid on your account, please contact them prior to contacting our office.

What if I cannot pay in full?

Please call our patient account representatives at the number listed on the front of this statement.

Co-Pay:

A dollar amount contracted between you and your insurance carrier, due at time of service.

Co-Insurance:

A percentage of the insurance benefits that you are responsible for.

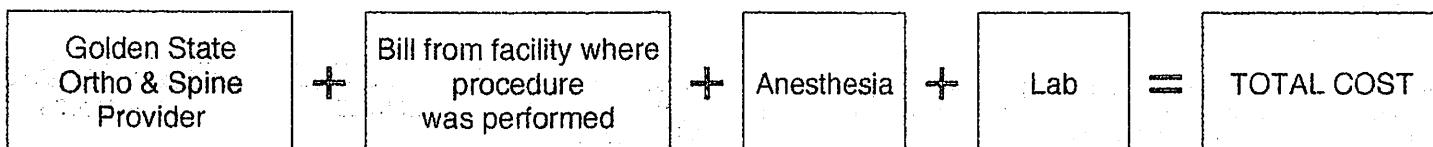
Deductible:

A yearly dollar amount that you are responsible for based on the type of coverage you have selected with your insurance company.

Adjustment:

A contractual agreement that has been made between our Doctors and your insurance company.

If you had a procedure:



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PAYMENT DUE DATE

UPON RECEIPT

PATIENT RESPONSIBILITY

\$388.45

ACCOUNT NUMBER

208425

STATEMENT DATE

02/01/2023

REMIT TO:

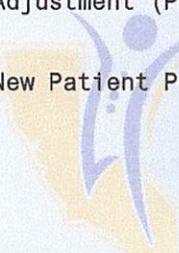
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01/09/2023	97112 - NEUROMUSCULAR REEDUCATION	\$63.00		\$37.00
01/27/2023	UHC Adjustment (PR1 (Deductible Amount))		(\$26.00)	
01/27/2023	UHC Payment (PR1 (Deductible Amount))			
	ENCOUNTER TOTAL			\$118.15
01/13/2023	ENCOUNTER 6245619 FOR SCHLEGEL, NIKOLAI WITH THOMAS PT, DISHY			
01/13/2023	97110 (QTY 2.00) - THERAPEUTIC EXERCISES	\$108.00		\$81.15
01/27/2023	UHC Payment			
01/27/2023	UHC Adjustment		(\$26.85)	
01/13/2023	97112 - NEUROMUSCULAR REEDUCATION	\$63.00		\$37.00
01/27/2023	UHC Payment (PR1 (Deductible Amount))			
01/27/2023	UHC Adjustment (PR1 (Deductible Amount))		(\$26.00)	
	ENCOUNTER TOTAL			\$118.15

Our New Patient Portal - LIVE 10/31!



GOLDEN STATE
ORTHOPEDICS & SPINE

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ORTHOPEDICS & SPINE

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CARD NUMBER	
SIGNATURE	
<input type="checkbox"/> PAYING BY CHECK	SHOW AMOUNT PAID HERE \$
EXP. DATE	

PRIMARY INSURANCE COMPANY NAME		
INSURANCE COMPANY'S ADDRESS		
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POLICY HOLDER NAME	HOLDER'S DOB	RELATIONSHIP TO INSURED
INSURED'S ID NUMBER	GROUP PLAN NUMBER	
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