



Children's Health

Lucile Packard
Children's Hospital
Stanford

Statement

YOUR INFORMATION

Statement Date: 3/30/2023
Guarantor Name: Nikolai Schlegel
Guarantor ID#: 93566
Medical Record Number: 45057551

YOUR ACCOUNT SUMMARY

CHARGES	\$599.00
ADJUSTMENTS	-\$113.10
INSURANCE PAYMENTS	-\$437.31
PATIENT PAYMENTS	\$0.00
PLEASE PAY THIS AMOUNT	\$48.59

Payment Due Upon Receipt

YOUR PAYMENT OPTIONS



Online: <http://billing.stanfordchildrens.org>

Log into MyChart to Pay your bill on-line or to pay your bill without accessing MyChart navigate to Pay as Guest



Phone: 800-308-3285



Mail: Please complete coupon below and return with your check made payable to:
STANFORD MEDICINE CHILDREN'S HEALTH

QUESTIONS?

Call Us: 800-308-3285 | Mon-Fri, 8:00am - 5:00pm

Online: www.stanfordchildrens.org

Please see the reverse side of this statement for important information.

A MESSAGE FOR YOU

Financial Assistance:

Financial assistance is available for patients who meet eligibility criteria. Please contact our customer service at 800-308-3285 for details.

Please follow link below:

<http://www.stanfordchildrens.org/en/patient-family-resources/financial-assistance-english>

Or simply go to our website and search Financial Assistance.

my CHART

You can use MyChart to:

- Pay your bills on line
- View up-to-date account information
- Set up a payment plan
- Activate paper less statements
- Access copies of your statement 24/7

Thank you for choosing Stanford Medicine Children's Health. Please detach and return the bottom portion of the statement with your payment.



Lucile Packard
Children's Hospital
Stanford

P.O. Box 2978
MUNCIE, IN 47307-0978

ELECTRONIC SERVICE REQUESTED



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

PATIENT NAME

Mikhaila Schlegel

GUARANTOR:

*****AUTO**ALL FOR AADC 945
NIKOLAI SCHLEGEL 3-3-663
6 ELIZABETH LN
DANVILLE CA 94526-1547

00650



To pay by credit card please log in to your MyChart account at <http://billing.stanfordchildrens.org> or "Pay as Guest" also available



Download MyChart mobile app today!

STATEMENT DATE

3/30/2023

PAYMENT DUE BY

PAYMENT DUE
UPON RECEIPT

GUARANTOR ACCOUNT #

93566

PLEASE PAY THIS AMOUNT

\$48.59

AMOUNT YOU WANT TO PAY

MAKE CHECKS PAYABLE TO AND REMIT TO:

STANFORD MEDICINE CHILDREN'S HEALTH
P.O. BOX 743447
LOS ANGELES, CA 90074-3447



Thank you for choosing Stanford Medicine Children's Health for your healthcare needs. Our mission is to care, to educate, to discover. We are committed to helping you by providing the support and information you need to make informed decisions about your financial responsibility.



PAY YOUR STANFORD MEDICINE CHILDREN'S HEALTH BILL ONLINE:

For your convenience, online payments can be made using your credit or debit card. We accept VISA, MasterCard, American Express, Diners Club and Discover. You can access the online payment portal through <http://billing.stanfordchildrens.org>

PAY YOUR STANFORD MEDICINE CHILDREN'S HEALTH BILL FROM YOUR MYCHART ACCOUNT:

Save time and postage by paying your hospital bills through your MyChart account. Please note that the activation code that was provided on your billing statement is for MyChart billing access only. If you need clinical MyChart access you can sign up at the clinic during your next visit. Additional identity verification is needed for this access to protect the privacy of our patients.

PAY YOUR STANFORD MEDICINE CHILDREN'S HEALTH BILL BY PHONE:

To pay by credit or debit card using your telephone, please call us toll free at 800-308-3285, Monday - Friday 8 am - 5 pm.

PAY YOUR STANFORD MEDICINE CHILDREN'S HEALTH BILL BY MAIL:

To ensure correct posting of your payment, please include the bottom portion of the statement and include your account number on your check or money order. If paying by credit or debit card please call our customer service at 800-308-3285 or log onto our online bill pay method. Please ensure to attach your payment stub when mailing a payment to ensure correct posting of your payment. If payment stub is not attached, your payment will be posted to the oldest account with a balance.

PAST DUE/COLLECTIONS:

Payment is due within 30 days for services not covered by insurance. This includes denied claims, deductibles, and co-payments. If you disagree with the way a claim has been processed, please contact your insurance. If you are unable to pay your balance in full, please contact our office to discuss payment arrangements. Failure to contact our office, or accounts with no or delinquent payments, may be referred to an outside collection agency.

QUESTIONS/CONCERNS:

If you have any questions and/or concerns about your bill, please call us at 800-308-3285 or 650-473-3938. Our customer resolution specialists are available from 8:00 a.m. to 5:00 p.m. Monday – Friday.

FINANCIAL ASSISTANCE:

Financial assistance is available for patients who meet eligibility criteria. Please contact our Customer Service Department at 800-308-3285 or 650-473-3938 for more details visit our website @ www.stanfordchildrens.org and search "financial assistance".

Changes to your insurance or address information can also be made by:
Login to MyChart at <http://mychart.stanfordchildrens.org> or by calling 800-308-3285.

Change of Address and Insurance Information				
New Address	City	State	Zip	New Phone #
Type of Primary Insurance: <input type="checkbox"/> Medicare <input type="checkbox"/> Blue Cross <input type="checkbox"/> Blue Shield <input type="checkbox"/> Medi_cal <input type="checkbox"/> Others _____				
Policy Holder (from insurance card)	Policy/Medical #	Group #	Date of Birth	Coverage Effective Date
Group Name or Policy Holder's Employee / Union		Insurance Company Name		
Insurance Company Address		Insurance Company Phone Number		

Physicians Charges

ENCOUNTER NUMBER: 1010180641

SERVICE DATES: 3/17/23 - 3/17/23

Cooke, MD

CHARGES

Office/Outpatient New Moderate Mdm 45-59 Minutes	\$599.00
Total Charges	\$599.00
Adjustments	-\$113.10
Insurance Payments	-\$437.31
Patient Payments	\$0.00

PATIENT RESPONSIBILITY \$48.59

This amount is currently due. Please remit payment as soon as possible.

OVERALL PATIENT RESPONSIBILITY FOR PHYSICIAN SERVICES \$48.59



00659

THE NATIONAL ARCHIVES COLLEGE PARK, MARYLAND

REF ID: A66000

DATE: 10/10/2013

TIME: 10:10:10

FILE: 10101010

[REDACTED]

[REDACTED]

[REDACTED]