

DIABLO PODIATRY
 2301 Camino Ramon Ste 290
 San Ramon, CA 94583-2000
 Forward Service Requested



For Billing Inquiries Call: 925-831-1898

009292

TRI90Z 3602025 318079685
MIKHAILA SCHLEGEL

 6 ELIZABETH LN
 DANVILLE CA 94526-1547



Please complete payment information.

Account No.	Date	Amount Due
1275904009	03/06/2023	\$106.05
Mail Pay	Enter Payment Amount	\$
by Check	Payable To: DIABLO PODIATRY	Check No.

300000 106471

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 San Ramon, CA 94583-2000



Check if your billing information has changed.
 Provide update(s) above or on the reverse side.

Please detach and return top portion with payment.

Messages

- TO MAKE AN ONLINE PAYMENT PLEASE VISIT OUR WEBSITE AT DIABLOPODIATRY.COM

Details		Statement Date 03/06/2023			Account No. 1275904009			
Date	Code	Description	Charge	Insurance Payments	Deductible	Patient Payments	Adjustments	Balance
2/2/2023	99214	MIKHAILA 1275904009 Office Visit - Est. Patient (Level 4)	\$250.00	\$0.00	\$0.00	\$0.00	\$143.95	\$106.05

Aging	0-30 Days	31-60 Days	61-90 Days	91+ Days	Amount Due
	\$106.05	\$0.00	\$0.00	\$0.00	

Patient's Name	Phone # ()		
Patient's Address	City	State	Zip Code

IF YOU HAVE NOT SUPPLIED INSURANCE INFORMATION, PLEASE DO SO HERE:

PRIMARY INSURANCE COVERAGE	Patient's Relationship to Insured		Patient's Relationship to Insured
	<input type="checkbox"/> SELF	<input type="checkbox"/> SPOUSE	
Insurance Company Name	Phone # ()	Insurance Company Name	Phone # ()
Insurance Company Address		Insurance Company Address	
Policy Holders Name	Birthdate / /	Policy Holders Name	Birthdate / /
Policy & Group #	Policy Effective Date / /	Policy & Group #	Policy Effective Date / /
Employer's Name	Phone # ()	Employer's Name	Phone # ()
Employer's Address		Employer's Address	