

PATIENT STATEMENT

Billing questions or changes of insurance?
Call 866.751.2459

Office Hours: Monday-Friday 8am - 5pm

☐ Check if address/insurance changes on back

Addressee

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Nikolai Schlegel
6 ELIZABETH LN
DANVILLE CA 94526-1547



Make a One-Time Online Payment at:
www.johnmuirhealth.com/mychart

Guarantor Number

55372

Due Date

04/17/2023

Amount Due

\$13.18

Amount Paid

\$

Please make checks payable and remit to:


JOHN MUIR HEALTH
PO BOX 102860
PASADENA CA 91189-2860

102860 00000055372 1 0000001318 3

Please detach and return top portion with payment.

Guarantor Number	Guarantor Name	Statement Date	Due Date
55372	NIKOLAI SCHLEGEL	03/28/2023	04/17/2023

Date	Service Description	Status	Charges	Payments/ Adjustments	Patient Balance
Clinic Services					
03/09/2023	Vincent Schlegel Provider: Cortez, Paul, MD				
03/09/2023	Visit #: 63520776				
03/28/2023	Office/Outpatient Established Low Mdm		\$210.00		
03/28/2023	United Healthcare / UHC Adjustment			-\$78.16	
03/28/2023	United Healthcare / UHC Payment			-\$118.66	
	Visit Balance	Current			\$13.18

Go paperless with MyChart


Sign up for paperless billing statements
through **MyChart**. Go to communication preferences
to select email or text messages for billing.
Learn more at johnmuirhealth.com/savetime

STATEMENT SUMMARY

Total Charges:\$210.00
Insurance Payments/Adjustments:-\$196.82
Patient Payments/Adjustments:\$0.00

AMOUNT DUE:
\$13.18

Primary Insurance Updates

Primary Insured Name

Primary Insurance Name

Effective Date

Primary Insurance Street Address

City

State

ZIP

Telephone

Employer Name

Group Number

Subscriber ID #

Policyholder's Date of Birth

Secondary Insurance Updates

Secondary Insured Name

Secondary Insurance Name

Effective Date

Secondary Insurance Street Address

City

State

ZIP

Telephone

Employer Name

Group Number

Subscriber ID #

Policyholder's Date of Birth

Change of Address

Name (Last, First, Middle Initial)

Address

City

State

ZIP

Telephone

If you have a change of address please check the box on the front of the statement.

General Information

This statement is for John Muir Health Medical Centers and professional services offered by John Muir Health Physician Network providers. You may also receive statements from a surgical center or hospital, pathology laboratory, anesthesia and other providers, imaging, or Durable Medical Equipment provider. If you have questions regarding charges from other providers please contact them at the number that appears on their statements.

Financial Policy

Balances not paid by your insurance are due within 21 days of the statement date. If you are unable to make payment in full, please contact us via our MyChart portal, or call Customer Service at 866.751.2459 to make a payment plan. We offer no-interest payment plans up to 18 months.

If your account remains unpaid, it will be placed with a collection agency for the collection of your debt and reported to a credit reporting agency.

Patient Financial Assistance

This program pays all or part of your hospital bills. Qualification for the program, as well as the amount covered, is based on your household income and other factors. Our program is designed to aid uninsured patients who need assistance in meeting the cost of their medical care incurred at one of our hospitals. To obtain an application, please call (925) 947-3336 or visit johnmuirhealth.com/patienthelp.

Insurance Claims

As a courtesy, John Muir Health files claims directly to your insurance company. Please be sure to present your current insurance card(s) at each appointment to ensure we have accurate information on your account. It is your responsibility to verify your benefits and provider and facility network coverage. If you have questions about how your insurance benefits were determined please contact your insurance company directly at the number on the back of your card(s).

Eligibility Services

John Muir Health is not a contracted provider with many State of California healthcare programs, including MediCal. However, we accept members under these programs for many services accessed through the emergency departments of our hospitals. To help our patients qualify for MediCal programs/other state funded programs, we offer on-site eligibility services. These are provided through a contracted vendor, who will help you through the state-mandated process. This service is offered at no cost to you. For more information about MediCal, please call 800.709.8348 or visit medi-cal.ca.gov.

You may also contact the local consumer assistance center at the community Legal Services Office for assistance. You may contact Bay Area Legal Aid at 855.693.7285 or visit baylegal.org.

Bill Payment

You may pay your bill online by credit card at www.johnmuirhealth.com/mychart/, or by check using the attached coupon and enclosed envelope.

Consumer Notice: State and Federal law require debt collectors to treat you fairly and prohibit them from making false statements, threats, using profane or obscene language, or have improper communications with third parties including your employer. Except under unusual circumstances, debt collections may not contact you before 8:00am or after 9:00 pm. In general, a debt collector may not give information about your debt to another person other than an attorney or spouse but may contact another person to confirm your location or to enforce a judgement. For additional information, please contact the Federal Trade Commission at 877.FTC.HELP or online at: www.ftc.gov. Non-profit credit counseling services may be available in the area.



Thank you for choosing John Muir Health for your health care needs.

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