



CONTRA COSTA ONCOLOGY
500 Lennon Lane
Walnut Creek, CA 94598

Patient Account

Patient Nikolai Schlegel
Statement Date 04/30/2023
Patient Account # 18411



Pay Online
<https://mypay.poscorp.com/ContraCosta>

Online Bill Pay Code	6G9FNB
Patient Responsibility	\$23.19
Payment Due Date	05/20/2023



MESSAGE:

Billing Questions: (925) 939-9622
See reverse side for important billing information. ▶ ▶ ▶

DATE	DESCRIPTION	CHARGES	PAYMENTS & ADJUSTMENTS	PATIENT RESPONSIBILITY
Patient Name: Nikolai Schlegel				
01/23/2023	99443 - Telephone evaluation and management se	80.00		0.00
02/02/2023	Payment Check United Health Care		0.00	
02/02/2023	Adjustment		0.00	
04/12/2023	Adjustment		20.05	
04/12/2023	Adjustment		59.95	
02/27/2023	99215 - Office or other outpatient visit for t	310.00		23.19
03/13/2023	Payment Check United Health Care		208.70	
03/13/2023	Adjustment		78.11	

▲ Keep top portion for your records ▲

▼ Mail bottom portion with mailed payments ▼



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Billing Summary

Patient Nikolai Schlegel
Statement Date 04/30/2023
Patient Account # 18411

PATIENT RESPONSIBILITY \$23.19	ONLINE BILL PAY CODE 6G9FNB	PAYMENT DUE DATE 05/20/2023
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FORWARDING SERVICE REQUESTED 0 0



34-10927
11321987.2
2218679
NIKOLAI SCHLEGEL
6 ELIZABETH LN
DANVILLE, CA 94526-1547

To pay by mail, make checks payable to

CONTRA COSTA ONCOLOGY
500 LENNON LN
WALNUT CREEK CA 94598-2415





Pay Online

<https://mypay.poscorp.com/ContraCosta>

Guest Pay or Register
Sign up for eStatements,
or set up a payment plan!



Pay by Phone

& Billing Questions
(925) 939-9622
Mon-Fri: 8:00am - 5:00pm



Pay by Mail

Checks payable to:
Contra Costa Oncology
500 Lennon Lane
Walnut Creek, CA 94598

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 or go online to set up a payment plan.

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.

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	CARD TYPE		
	CARD NUMBER	AUTHORIZATION CODE	
SIGNATURE		EXP. DATE	

☐ PAYING BY CHECK

SHOW AMOUNT
PAID HERE \$

ADDRESS CORRECTION

COMPLETE THIS SECTION IF YOUR ADDRESS ON REVERSE SIDE IS INCORRECT

NAME
ADDRESS
CITY
STATE, ZIP

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	



POS Reorder # 2218679