

MAKE CHECKS PAYABLE TO:



GOLDEN STATE ORTHOPEDICS & SPINE

www.goldenstateortho.com

2625 Shadelands Drive, Walnut Creek, CA 94598

ADDRESSEE:

RETURN SERVICE REQUESTED 0 0



1187209.5
36-11435
NIKOLAI SCHLEGEL
6 ELIZABETH LN
DANVILLE, CA 94526-1547

1908734

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

Save time. Pay online!

Pay your bill online at: www.goldenstateortho.comUse bill pay code: **F6RNYW**

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

PAYMENT DUE DATE

UPON RECEIPT

PATIENT RESPONSIBILITY

CONTINUED

ACCOUNT NUMBER

208425

STATEMENT DATE

12/01/2022

REMIT TO:

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



Page 1 of 2

Please detach and return top portion with payment

DATE	DESCRIPTION	CHARGES	PAYMENTS & ADJUSTMENTS	PATIENT RESPONSIBILITY
09/08/2022	ENCOUNTER 6059304 FOR NIKOLAI WITH SMITH PA, MEGAN N			
09/08/2022	99024 - POSTOP FOLLOW-UP VISIT			
	ENCOUNTER TOTAL			
10/03/2022	ENCOUNTER 6097281 FOR NIKOLAI WITH SMITH PA, MEGAN N			
10/03/2022	99024 - POSTOP FOLLOW-UP VISIT			
	ENCOUNTER TOTAL			
10/24/2022	ENCOUNTER 6129875 FOR NIKOLAI WITH SMITH PA, MEGAN N			
10/24/2022	99024 - POSTOP FOLLOW-UP VISIT			
	ENCOUNTER TOTAL			
10/26/2022	ENCOUNTER 6134559 FOR NIKOLAI WITH THOMAS PT, DISHY			
10/26/2022	97161 - PT EVAL LOW COMPLEX 20 MIN	\$181.00		
11/18/2022	UHC Adjustment		(\$66.98)	
11/18/2022	UHC Payment		(\$114.02)	
10/26/2022	97110 (QTY 2.00) - THERAPEUTIC EXERCISES	\$108.00		
11/18/2022	UHC Payment		(\$55.02)	
11/18/2022	UHC Adjustment		(\$52.98)	
10/26/2022	G9903 - Pt scrn tbco id as non user			
	ENCOUNTER TOTAL			
10/28/2022	ENCOUNTER 6139657 FOR NIKOLAI WITH PAZOOKI DPT, AMANDA			
10/28/2022	97110 - THERAPEUTIC EXERCISES	\$54.00		
11/18/2022	UHC Adjustment		(\$26.49)	
11/18/2022	UHC Payment		(\$27.51)	
10/28/2022	97112 (QTY 2.00) - NEUROMUSCULAR REEDUCATION	\$126.00		
11/18/2022	UHC Payment		(\$65.12)	
11/18/2022	UHC Adjustment		(\$60.88)	
	ENCOUNTER TOTAL			
11/04/2022	ENCOUNTER 6150396 FOR NIKOLAI WITH PAZOOKI DPT, AMANDA			
11/04/2022	97110 - THERAPEUTIC EXERCISES	\$54.00		
11/18/2022	UHC Adjustment		(\$26.49)	

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.



Scan & Pay!

BILLING QUESTIONS

(925) 210-8593

ACCOUNT NUMBER STATEMENT DATE

208425

12/01/2022

PAYMENT DUE DATE

PATIENT RESPONSIBILITY

UPON RECEIPT

CONTINUED

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	
SIGNATURE	
<input type="checkbox"/> PAYING BY CHECK	
SHOW AMOUNT PAID HERE \$	

AUTHORIZATION
CODE:
Use only last 3 or 4 digits on back of card to sign this line

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	

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.

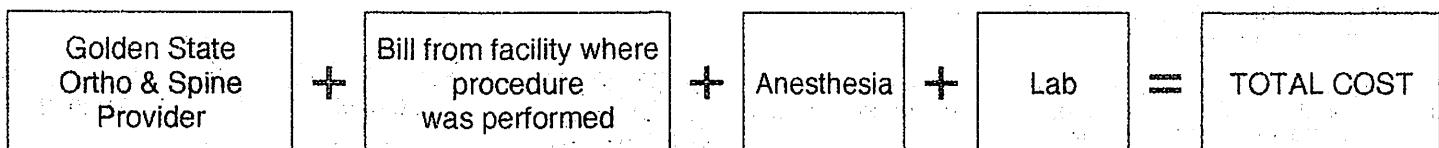
Deductible:

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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PATIENT RESPONSIBILITY

\$40.00

ACCOUNT NUMBER

208425

STATEMENT DATE

12/01/2022

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Page 2 of 2

DATE	DESCRIPTION	CHARGES	PAYMENTS & ADJUSTMENTS	PATIENT RESPONSIBILITY
11/18/2022	UHC Payment		(\$27.51)	
11/04/2022	97112 (QTY 2.00) - NEUROMUSCULAR REEDUCATION	\$126.00		
11/18/2022	UHC Payment		(\$65.12)	
11/18/2022	UHC Adjustment		(\$60.88)	
11/04/2022	97016 - VASOPNEUMATIC DEVICE THERAPY	\$22.00		
11/18/2022	UHC Adjustment		(\$7.28)	
11/18/2022	UHC Payment		(\$14.72)	
	ENCOUNTER TOTAL			
11/08/2022	ENCOUNTER 6155061 FOR NIKOLAI WITH THOMAS PT, DISHY			
11/08/2022	97110 - THERAPEUTIC EXERCISES	\$54.00		\$10.00
11/08/2022	97112 (QTY 2.00) - NEUROMUSCULAR REEDUCATION	\$126.00		
11/08/2022	97016 - VASOPNEUMATIC DEVICE THERAPY	\$22.00		
	ENCOUNTER TOTAL			\$10.00
11/11/2022	ENCOUNTER 6161050 FOR NIKOLAI WITH THOMAS PT, DISHY			
11/11/2022	97110 (QTY 2.00) - THERAPEUTIC EXERCISES	\$108.00		\$10.00
11/11/2022	97112 (QTY 2.00) - NEUROMUSCULAR REEDUCATION	\$126.00		
	ENCOUNTER TOTAL			\$10.00
11/14/2022	ENCOUNTER 6163387 FOR NIKOLAI WITH THOMAS PT, DISHY			
11/14/2022	97110 (QTY 2.00) - THERAPEUTIC EXERCISES	\$108.00		\$10.00
11/14/2022	97112 (QTY 2.00) - NEUROMUSCULAR REEDUCATION	\$126.00		
	ENCOUNTER TOTAL			\$10.00
11/28/2022	ENCOUNTER 6180995 FOR NIKOLAI WITH THOMAS PT, DISHY			
11/28/2022	97110 - THERAPEUTIC EXERCISES	\$54.00		\$10.00
11/28/2022	97112 (QTY 2.00) - NEUROMUSCULAR REEDUCATION	\$126.00		
	ENCOUNTER TOTAL			\$10.00
	Our New Patient Portal - LIVE 10/31!			

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PAYMENT DUE DATE	UPON RECEIPT
PATIENT RESPONSIBILITY	\$40.00

Please see reverse side of statement for important billing questions.

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SIGNATURE	
<input type="checkbox"/> PAYING BY CHECK	
<input type="checkbox"/> SHOW AMOUNT PAID HERE \$ 	
AUTHORIZATION CODE: <small>Generally last 3 or 4 digits on back of card in signature line</small>	
EXP. DATE	

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	

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