



**Texas Children's® Physician
Services Organization**
PO Box 4984
Houston TX 77210

Account number: 104041345
Responsible party: Robert Brenner
Statement date: 07/26/20

Thank you for choosing Texas Children's!

This statement represents your outstanding balance. Please remit payment today. For your convenience, we accept Visa, MasterCard, American Express, Discover and personal checks. If you have any questions, please contact Business Services at 832-824-2300 or 800-722-2570. If payment has been made, please accept our thanks.

Account Summary

Total Charges	278.00
Insurance Paid	0.00
Adjustments/Discounts	-105.64
Patient Payments	0.00
Your total balance	\$172.36
Minimum Amount Due by 08/23/20	\$172.36

Pay Online with **MyChart** <https://mychart.texaschildrens.org/MyChart>

The easiest way to view your statement, make payments, schedule appointments, and more! Sign up today!

Pay as a Guest: <https://mychart.texaschildrens.org/MyChart/billing/guestpay>



Pay by Phone

Call (832) 824-2300 or (800) 722-2570 8am to 5pm
Monday through Friday



Pay by Mail

Complete the form below and return in the
enclosed envelope

Keep this portion for your records



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☐ My address or insurance information has changed. I have written the changes on the back of this form.

Please pay online [texaschildrens.org/billpay](https://mychart.texaschildrens.org/billpay)

Pay by Phone (832) 824-2300

Pay by Mail

Account #: 104041345

Account Name: Robert Brenner

Statement Date: 07/26/20

DUE DATE	AMOUNT DUE	AMOUNT
08/23/20	\$172.36	\$

Make checks payable to:

**Texas Children's Physician
Services Organization**

PO Box 4984
Houston, TX 77210-4984

Robert Brenner
5100 Ridgemoor Dr
AUSTIN TX 78731



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Texas Children's Hospital Financial Assistance Summary

Texas Children's Hospital ("TCH" or "Hospital") is committed to providing the highest quality care and recognizes that some of its patients and/or patient families are unable to pay for some or all of their care. It is the policy of TCH to provide financial assistance to patients who are financially or medically indigent to further advance the mission and values of the Hospital. Financial assistance may be available to all patients who qualify. Financial assistance is only applicable to services deemed "medically necessary" by Medicare, Medicaid, or industry standards. Other services may be reviewed on a case by case basis. For more information on Financial Assistance, please contact Texas Children's Hospital Customer Service at 832-824-2300.

Resumen sobre Asistencia Financiera en Texas Children's Hospital

Texas Children's Hospital ("TCH" u "Hospital") tiene el compromiso de brindar atención médica de la más alta calidad y reconoce que algunos de sus pacientes y/o familias de pacientes no son capaces de pagar parte o todos sus servicios de atención médica. Es la política de TCH brindar asistencia financiera a aquellos pacientes financiera o medicamente indigentes, para enaltecer aún más la misión y los valores del hospital. La asistencia financiera podría estar disponible para aquellos pacientes que califiquen. Asistencia financiera se puede adjudicar solo a servicios considerados "medicamente necesarios" por Medicare, Medicaid o por los estándares de la industria. Otros servicios podrían ser revisados caso por caso. Para mayor información acerca de Asistencia Financiera, por favor comuníquese al departamento de Servicios al Cliente en Texas Children's Hospital, al tel. 832-824-2300.

PLEASE COMPLETE IF THERE ARE ERRORS OR CHANGES IN ADDRESS OR INSURANCE INFORMATION:

Responsible Person's Name		Home Phone Number ()		Work Phone Number ()		e-Mail Address	
Address		City		State	Zip	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	
Primary Insurance Coverage	Policy Holder (Subscriber) Name	Subscriber Birth Date	Effective Date	Subscriber Identification Number		Group/Plan Number	
	Insurance Company Name	Insurance Company Address City State Zip					
	Employer Name	Insurance Phone Number ()	Plan Name	Relationship of Patient to Subscriber <input type="checkbox"/> SELF <input type="checkbox"/> CHILD <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER			
Secondary Insurance Coverage	Policy Holder (Subscriber) Name	Subscriber Birth Date	Effective Date	Subscriber Identification Number		Group/Plan Number	
	Insurance Company Name	Insurance Company Address City State Zip					
	Employer Name	Insurance Phone Number ()	Plan Name	Relationship of Patient to Subscriber <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER			



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Statement for Professional Services

Date	Description	Charges	Credits	Balance
Visit on 6/19/2020 with WHITE, MICHAEL C - Patient BRENNER, BRADFORD LEE				
06/19/2020	OFFICE OUTPATIENT NEW	278.00		172.36
07/24/2020	SELF-PAY DISCOUNT (ACCOUNT)		-105.64	
	Totals:	278.00	-105.64	172.36