

**Account Activity**

Patient Name: [REDACTED]

Date(s) of Service: 02/28/2023

Account Number: [REDACTED]

Due Date: 01/10/2025

The following describes charge and payment activity for services rendered at Northern Nevada Medical Center.

Summary of Charges and Payment Activity

	PREVIOUS BALANCE		\$0.00
02/28/23	1 BMP	300	\$1,035.00
02/28/23	1 UA AU W/MICRO	307	\$118.00
02/28/23	1 CBC AUTO W/AUTO DIFF	305	\$573.00
02/28/23	1 SPEC COLL VENOUS VENIPUNCT	300	\$120.00
02/28/23	1 XR ABD SNGL AP V		\$1,211.00
02/28/23	1 US ABD LTD		\$2,617.00
02/28/23	1 3MLEVEL 5 ED W/ PROCEDURES		\$4,651.00
02/28/23	1 ER STATISTICAL CHARGE		\$0.00
02/28/23	1 CT ABD PELVIS W/CON		\$16,877.00
02/28/23	1 *LOCM 300-399 MG PER 1ML		\$589.00
02/28/23	3 ACETAMINOPHEN SUSP 160MG/5ML		\$42.00
03/07/23	ANTHEM BCBS	I17 BCBS	\$-25,543.78
03/29/23	BCBSX	I17 BCBS	\$0.00
12/25/24	ANTHEM BCBS	I17 BCBS	\$-152.94
Total Account Balance			\$2,136.28

Important Contact Info

Customer Service Number

800-323-5151

Monday-Friday 8:00am-5:00pm PST

Customer Service Email

NVCBO@uhsinc.com

The patient, patient's survivor or legal guardian may contact the patient's insurer or health maintenance organization for cost sharing responsibilities. Hospital based physicians and other health care providers may bill separately.

Head to the portal if you need to:*Update insurance information...**Update demographic information...**Make a payment...*www.nnmc.com