

Customer Service Questions

(916) 734-9200
 (800) 551-9411 Toll-Free
 8:30am to 4:00pm Monday - Friday
 TDD (916) 734-9230

Statement Date: 01/09/23
Patient Name: Jackson, Dennis
Medical Record # 7963216

Have you seen our new MyUCDavisHealth Portal? It is your personal portal to your care team.

<https://health.ucdavis.edu/login/>

PAYMENT OPTIONS

- 24/7 Pay online at <https://health.ucdavis.edu/login/>
- 24/7 Automated Pay It by Phone System 916-734-9200 or 800-551-9411 **option 1** Credit or Debit Card
- Pay by Check, make check payable to : UC Regents, return in the enclosed envelope

IMPORTANT MESSAGE:

If there are asterisks (**) next to an account number below, you may have new balances that have not been set up on a monthly payment plan. Please contact our office if you wish to establish a monthly payment plan on these accounts or to pay the balance in full.

We have sent you two previous bills and have not received your payment in full. Please pay this bill in full to avoid further collection action.

If you believe you have received this bill in error, it is critical that you call us immediately at 916-734-9200 or 800-551-9411.

You may apply for financial assistance by accessing our website, www.health.ucdavis.edu/medicalcenter/patients/financial-assistance.html or by contacting customer service.

Please detach and return bottom portion with payment

UC Davis Health
PO Box 743481
Los Angeles, CA 90074-3481

Patient Name : Jackson, Dennis
Guarantor Account Number #: 7963216
Non Payment Plan Balance Due: \$486.43
Payment Plan Amount Due: \$0.00
Total Amount Due: \$486.43
Due Date: 02/03/23

<input type="checkbox"/> Please check box to provide NEW insurance and/or address information			
Insurance Name	Insurance Group #		Insurance PH #
Subscriber Name			
Subscriber ID		Subscriber DOB	
New Guarantor Address		Apt #	
City	State	Zip	New PH #

DENNIS JACKSON
4621 LEMON HILL AVE
SACRAMENTO, CA 95824

Amount Enclosed

\$																			
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Patient Name: Jackson, Dennis
Medical Record # 7963216
Guarantor Acct # 7963216
Guarantor Type: P/F

Non Payment Plan Bal Due: \$486.43
Payment Plan Amount Due: \$0.00
Total Amount Due: \$486.43
Due Date: 02/03/23

SERVICE DATE	CODE	DESC	CHARGE	INS	PMT/ADJ	PATIENT PMT/ADJ	OUTSTDNG BALANCE
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MEDICAL CENTER SERVICES ACCOUNT: ** 950038338009
 ACCT CLASS: Outpatient
 ADMIT DATE: 10/5/2022
 DISCHARGE DATE: 10/5/2022

10/05/22	402000013	Ultrasound, Abdominal, B-	1,390.47				
10/19/22		Aetna Payments			-624.62		
		Insurance Adjustments			-222.48		
10/20/22		PMT Patient (Visa x9082)				-78.20	
		Your Responsibility					465.17

PROFESSIONAL SERVICES ACCOUNT: ** 950038353182
 ACCT CLASS: Outpatient
 BILLING PROVIDER:Naderi, Sima, MD

BILLING PROVIDER: Naderi, Sima, MD M.D.

10/05/22	76705	Echo Abdomen Limited	166.00				
11/08/22		Aetna Payments			-85.02		
		Insurance Adjustments			-59.72		
		Your Responsibility					21.26

Total Outstanding Balance: \$486.43