

Itemized Statement

THIS IS NOT A BILL

Responsible Party Name:

morgan mower

Account #:

540900734

Patient Details:**Name:** MORGAN MOWER**Date of Birth:** 03/03/1986**Visit:** 533_1279355383**Visit Description:**

ELIZABETH BATCHER BATCHER, Clinic - Miscellaneous

Dates of Service: 06/18/2025

DATE	DESCRIPTION	AMOUNT
CHARGES:		
06/18/2025	Cont Glucose Monitor via Subcu Sensor, 72+ hours,	\$84.00
06/18/2025	Visit Complexity Add-On for Office Visit G2211	\$40.00
06/18/2025	Video Visit Level 4 99214	\$315.00
06/18/2025	Cont Glucose Monitor via Subcu Sensor, 72+ hours,	-\$84.00
Subtotal:		\$355.00
INSURANCE PAYMENTS & ADJUSTMENTS		
07/01/2025	Select Health Payment	\$0.00
07/01/2025	Select Health Payment	-\$17.35
07/01/2025	Select Health Adjustment	-\$22.65
07/01/2025	Select Health Payment	-\$84.67
07/01/2025	Select Health Adjustment	-\$180.33
10/07/2025	Select Health Payment	\$0.00
10/07/2025	Select Health Payment	\$17.35
10/07/2025	Select Health Adjustment	\$22.65
10/07/2025	Select Health Payment	\$84.67
10/07/2025	Select Health Adjustment	\$180.33
Subtotal:		\$0.00
Total Due:		\$355.00

Third Party Payor

Charges were submitted to the following third party payors:

Insurance Plan ID: 18:

Group Number:

Policy Number:

Contact Us

By Phone:

(801) 906-2800 or (866) 415-6556

By Mail:

36 S State Street, Salt Lake City, Utah 84111

Helpful Tips

Recent transactions may take 2 to 3 days to appear on your itemized statement.

If you are having trouble paying for all or some of your health care, we encourage you to contact us for more information about Financial Assistance by calling 1-866-415-6556 or visit <https://intermountainhealthcare.org/assistance>.

Please Note: Financial Assistance is available for those who qualify. Any unpaid balance may be sent to an external collection company if not resolved before the due date listed on your last billing statement. The collection companies and Intermountain Healthcare use practices to collect payment including, but not limited to: credit reporting, legal actions, garnishment, liens, deferring or denying non-medically necessary care, or requiring payment in advance for future non-medically necessary services per IRS regulations. To avoid these collection efforts please contact the number on this letter. Intermountain Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-415-6556 (TTY: 1-888-735-5906). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-866-415-6556 (TTY: 1-888-735-5906)

Communications Concerning Disputed Debts or Payments

In case of a potential error or to inquire about your bill, log in to www.intermountainbillpay.com and submit a request with Customer Care, within 60 days of receipt of your first statement.

Your inquiry must include the following information:

1. Your name and account number
2. A description of the suspected error or reason for dispute
3. The dollar amount of the suspected error

For further information on the terms and conditions of disputing charges visit the Terms of Use at www.intermountainbillpay.com.

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