



Statement of Services

Statement Date

11/19/2019



Pay your bill and manage your health online through MyChart
mychart.urmedicine.org

Sign up today by clicking on "Sign Up (I don't have a code)"

Account Summary

Account Number	4651338
Payments Since Last Statement	\$ 139.20
Hospital Amount Due	\$ 0.00
Professional Amount Due	\$ 41.90
Total Account Balance	\$ 41.90
Minimum Amount Due by 12/10/19	\$ 41.90

How Your Payment Is Applied

This bill may contain charges from more than one UR Medicine provider, or you may have an unpaid bill with Strong Memorial Hospital, Highland Hospital, and/or the University of Rochester Medical Faculty Group. If that is the case, we will apply your payment to your **oldest outstanding balance first**. This could result in partial payment of a bill. If you would like to direct to which balance your payment should apply, please call our office directly or make your payment via MyChart.

Insurance Information on File

Please confirm the information below is correct. If your insurance information has changed, please indicate your changes on the reverse side of the payment form.

Aetna

Paying Your Bill: For your convenience, we have three (3) payment options available.

- Online: Pay your bill online via mychart.urmedicine.org.
- Mail: Make your payment with the bottom portion of your bill in the enclosed envelope.
- Call: Pay by phone at **(585) 758-7650** or toll free **(888) 925-4301**.

(Payments made after the date of this statement will not appear on this statement; please view "Account Details" in MyChart for your current balance)

Please pay your bill in full for \$ 41.90 by 12/10/19.

If you are insured and have out-of-pocket responsibility (deductible, coinsurance, copayment) that you cannot afford to pay in full, please contact us at the billing phone number below so we can work with you to arrange a manageable payment plan.

Billing Questions? Please call us at **(585) 758-7650** or toll free at **(888) 925-4301**, 8:00am - 5:00pm Mon - Fri.

If you need financial assistance, UR Medicine (Strong Memorial Hospital, Highland Hospital, and UR Medicine Healthcare Professionals) has a financial assistance program for patients who have difficulty paying for their medical bills.

For more details on the program available please visit financialassistance.urmc.edu or contact us at **(585) 784-8889** or toll free at **(800) 257-7049**.

Please See Reverse Side for Account Details

please detach bottom portion and return with your payment in the enclosed envelope

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601 Elmwood Ave, Box 888, Rochester, NY 14642

Thank You for Choosing UR Medicine

☐ Check here if your address or insurance has changed. Please indicate your changes on the reverse side of this page.

NIKHIL HARESH KESWANEY
68 CRITTENDEN WAY
ROCHESTER, NY 14623-2249

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Guarantor: Nikhil Haresh KeswaneY	Date: 11/19/19
Make checks payable to UR Medicine	
To pay by credit card	
Use mychart or paybill.urmc.edu	
We accept Visa, Mastercard and Discover.	
Account #	Amount Due by 12/10/19
4651338	\$41.90
Amount Paid	
	\$

Make Check Payable and Mail to:

UR Medicine
P.O. Box 21093
New York, NY 10087-1093

000046513382109320191119000041909

Statement of Services

(As of November 19, 2019)

Account # 4651338 - NIKHIL HARESH KESWANNEY

Date of Service	Provider	Description of Services	Charge	Insurance Payments	Insurance Adjustments	Patient Payments	Amount You Owe
Patient: Nikhil Haresh Keswaney		Professional Provider Charges HAR # 50005935534 Outpatient					
08/30/19	Rubens, Deborah	CT Scan,Abdoment And Pelvis,W Contrast	\$320.00				
08/30/19	Rueckmann, Erik	Emergency Dept Visit High Severity&Threat Funcj	\$605.00				
08/31/19	Qi, Yanjie	Lap,Appendectomy	\$2,145.00				
09/18/19		Insurance Payment - Aetna		-\$1,252.81			
09/20/19		Insurance Payment - Aetna		-\$131.39			
09/24/19		Insurance Payment - Aetna		-\$245.73			
10/04/19		Insurance Payment - Aetna		\$0.00			
10/07/19		Insurance Payment - Aetna		\$0.00			
10/13/19		Patient Payment - Thank You				-\$139.20	
09/18/19		Insurance Adjustment - Aetna			-\$752.99		
09/20/19		Insurance Adjustment - Aetna			-\$174.01		
09/24/19		Insurance Adjustment - Aetna			-\$331.97		
TOTAL			\$3,070.00	-\$1,629.93	-\$1,258.97	-\$139.20	\$41.90

Hospital Balance	Professional Balance	Total Account Balance
\$0.00	\$41.90	\$41.90

IMPORTANT MESSAGES

Thank you for choosing UR Medicine for your health care services. Payments are due in full upon receipt of your statement. If you have already sent your payment, please disregard this notice.

Statement inquiries and payments may also be sent through our website: www.paybill.urmc.edu

RESPONSIBLE PARTY UPDATES/CHANGES					
ACCOUNT NUMBER 4651338		RESPONSIBLE PARTY NIKHIL HARESH KESWANNEY			
STREET ADDRESS, APT #			HOME PHONE NUMBER	CELL PHONE NUMBER	
CITY		STATE / PROVINCE	ZIP CODE	COUNTRY	
INSURANCE CHANGES - PRIMARY			INSURANCE CHANGES - SECONDARY		
INSURANCE COMPANY		RELATIONSHIP TO SUBSCRIBER	INSURANCE COMPANY		RELATIONSHIP TO SUBSCRIBER
SUBSCRIBER'S NAME		SUBSCRIBER'S DATE OF BIRTH	SUBSCRIBER'S NAME		SUBSCRIBER'S DATE OF BIRTH
I.D. NUMBER	GROUP/PLAN NUMBER	EFFECTIVE DATE	I.D. NUMBER	GROUP/PLAN NUMBER	EFFECTIVE DATE
MAILING ADDRESS FOR CLAIMS			MAILING ADDRESS FOR CLAIMS		
CITY		STATE	ZIP CODE	CITY	
				STATE	
				ZIP CODE	