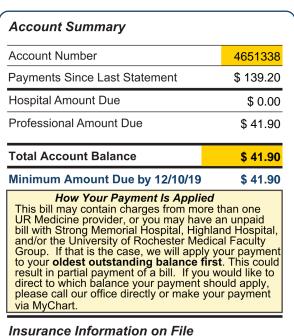
## Statement of Services



#### **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)"

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

Page 1



Please confirm the information below is correct. If your

changes on the reverse side of the payment form.

Aetna

insurance information has changed, please indicate your

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 Guarantor: Nikhil Haresh Keswaney

11/19/19 Date:

## 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

000046513385109350191119000041909

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## Statement of Services

(As of November 19, 2019)

## Account # 4651338 - NIKHIL HARESH KESWANEY

Date of Service	Provider	Description of Services	Charge	Insurance Payments	Insurance Adjustments	Patient Payments	Amount You Owe
		Professional Provider Charges					
Patient: N	likhil Haresh Keswaney	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		\$41.90
TOTAL			\$3,070.00	-\$1,629.93	-\$1,258.97	-\$139.20	\$41.90

Hospital	Professional	Total Account
Balance	Balance	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 KESWANEY

STREET ADDRESS, APT #

INSURANCE CHANGES - PRIMARY
INSURANCE CHANGES - PRIMARY
INSURANCE COMPANY
RELATIONSHIP TO SUBSCRIBER
SUBSCRIBER'S NAME
SUBSCRIBER'S DATE OF BIRTH

I.D. NUMBER
GROUP/PLAN NUMBER
EFFECTIVE DATE
MAILING ADDRESS FOR CLAIMS

MAILING ADDRESS FOR CLAIMS

RESPONSIBLE PARTY UPDATES/CHANGES

RESPONSIBLE PARTY UPDATES/CHANGES

RESPONSIBLE PARTY UPDATES/CHANGES

RESPONSIBLE PARTY UPDATES/CHANGES

HOME PHONE NUMBER
CELL PHONE NUMBER
CELL PHONE NUMBER
CELL PHONE NUMBER
CELL PHONE NUMBER
STATE JIP CODE

COUNTRY

INSURANCE CHANGES - SECONDARY
RELATIONSHIP TO SUBSCRIBER
SUBSCRIBER'S NAME
SUBSCRIBER'S NAME
SUBSCRIBER'S NAME

LID. NUMBER
GROUP/PLAN NUMBER
EFFECTIVE DATE

MAILING ADDRESS FOR CLAIMS

CITY
STATE
ZIP CODE