



## URGENT CARE

5555 GLENRIDGE CONNECTOR STE 700 | ATLANTA GA 30342

### URGENT CARE

Billing questions? Please call: (302)273-4758  
24/7 Pay By Phone  
Hours: Mon – Fri, 8:00 am - 7:00 pm ET  
Website: [www.gohealthuc.com/delaware](http://www.gohealthuc.com/delaware)  
Email: [billingDE@gohealthurgentcare.com](mailto:billingDE@gohealthurgentcare.com)

#### Addressee



VENKATA NAGA NAGA SAGGURTHI  
1312 VALLEY STREAM DR  
NEWARK DE 19702-2917

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Need to Drop in?

[gohealthuc.com/delaware](http://gohealthuc.com/delaware)



Pay Online: <https://GoDE.mysecurebill.com>

#### Guarantor Number

4276796

#### Due Date

10/05/2023

#### Amount Due

\$288.31

#### Amount Paid

\$

Please make checks payable and remit to:



CHRISTIANA CARE

PO BOX 825400

PHILADELPHIA, PA 19182-5400

091420230002883100042767966

myEasyMatch Code: 7CM-GBY-LQP

Please detach and return top portion with payment.

Guarantor Number	Guarantor Name	Statement Date	Due Date
4276796	VENKATA NAGA NAGA SAGGURTHI	09/14/2023	10/05/2023

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
08/04/2023	<b>VENKATA NAGA NAGA SAGGURTHI, Account Num: 4276796</b> <i>Encounter #: 2050064 Provider: Jennifer Brown, PA-C</i>			
09/08/2023	Urgent Care Visit	\$388.00	\$0.00	
09/08/2023	UnitedHealthcare Payment		-\$99.69	
	UnitedHealthcare Adjustment			
	<b>Balance Due</b>			<b>\$288.31</b>

#### MESSAGES

Consistent with the Christiana Care Mission, Christiana Care GoHealth Urgent care provides financial assistance to eligible individuals who meet the criteria in our Financial Assistance Policy. Please Call 302.273.4758 for more information and assistance with the application.

#### MESSAGES

Your payment is now due. Thank you for your prompt response.

AMOUNT DUE:

**\$288.31**

Change of Address		
Name (Last, First, Middle Initial)		
Address		
City	State	ZIP
Telephone		

Primary Insurance Updates			
Primary Insured Name			
Primary Insurance Name		Effective Date	
Primary Insurance Street Address			
City	State	ZIP	Telephone
Employer Name		Group Number	
Subscriber ID #		Policyholder's Date of Birth	

Thank you for choosing Christiana Care GoHealth Urgent Care for your healthcare needs. When you are injured or ill, the last thing you want to think about is how to pay your bill. Representatives from GoHealth Urgent Care are available to make the payment process as easy as possible for you.

This statement is for professional services provided by Christiana Care GoHealth Urgent Care centers. You may also receive statements from a pathology laboratory or durable medical equipment provider. If you have questions regarding charges from other providers, please contact them at the number that appears on their statements.

Balances not paid by your insurance are due within 21 days of the statement date. Our payment options include:

- Payment in full—we accept major credit and debit cards.
- Monthly payments, subject to a minimum payment schedule, interest free.

Consistent with the Christiana Care mission, Christiana Care GoHealth Urgent Care provides financial assistance to eligible individuals who meet the criteria in our Financial Assistance Policy. You may qualify for financial assistance, Christiana Care GoHealth is committed to providing outstanding healthcare to our community, regardless of ability to pay. Please call 302.273.4758 for more information and assistance with the application.

Please call our office at 302.273.4758 if you have questions.  
We're here to help. If your account remains unpaid, it will be placed  
with a collection agency for the collection of your debt after 120 days.

If Paying By Credit Card, Fill Out Below	
CHECK CARD USING FOR PAYMENT	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	EXP. DATE
<div></div>	<div></div>
SIGNATURE	AMOUNT PAID
<div></div>	<div></div>

Secondary Insurance Updates			
Secondary Insured Name			
Secondary Insurance Name		Effective Date	
Secondary Insurance Street Address			
City	State	ZIP	Telephone
Employer Name		Group Number	
Subscriber ID #		Policyholder's Date of Birth	

As a courtesy, Christiana Care GoHealth Urgent Care files claims directly to your insurance company. Please be sure to present your current insurance card at each appointment to ensure we have accurate information on your account. It is your responsibility to verify your benefits and coverage. If you have questions about how your insurance benefits were determined please contact your insurance company directly at the number on the back of your card.

All balances are due on receipt of this statement. If all or portion of your account balance becomes past due, appropriate action will be taken to collect the balance. You may request an itemized bill, at no additional charge, by contacting customer service at 302.273.4758.

Christiana Care GoHealth Urgent Care cannot delay charges while liability claims or legal action is pending. Full payment remains the responsibility of the patient. Upon proper authorization, we will make the records available to necessary parties.

You may pay your bill online at [www.GoDE.mysecurebill.com](http://www.GoDE.mysecurebill.com). You can also pay by credit card at any Christiana Care GoHealth Urgent Care location.

If you have questions regarding your account, please contact one of our Customer Service Representatives at 302.273.4758 from 8am to 7pm EST, Monday through Friday.

Any correspondence and all communications concerning a disputed debt, including any payment tendered as full satisfaction of debt, must be sent to the following address:

Christiana Care GoHealth Urgent Care  
5555 Glenridge Connector Ste 700  
Atlanta GA, 30342