

TAX ID: 77-0465765

1V02955

**Recent upgrades made to our
Online Billing Manager:**



Visit the Online Billing Manager at:

stanford.patientcompass.com

Use the NEW **PAY NOW** button to pay for visits located on the back of your physician statement.

Statement Date

02/23/2013

Your Physician Statement

Page 1 of 2

Account Summary

Medical Record Number	26229658
Patient Payments (Last 30 Days)	\$ 0.00
Total Account Balance	\$ 230.00
Charges Pending With Insurance	\$ 0.00
Patient Amount Due	\$ 230.00

Please See Reverse Side For Account Detail

Insurance Information

No insurance on file. Please confirm that this information is correct. If not, please contact a Patient Account Representative.

About Your Statement

Thank you for choosing Stanford University Medical Center for your health care needs. This is a statement of your account for services provided by our physicians. Detailed information on each service rendered can be found on the following pages. The balances due for each service are added together to arrive at the total amount due from you.

Please send payment in full for \$ 230.00 by 03/17/2013.

If you have any questions, please call us at 1-800-549-3720 or 1-650-498-5850. Our patient account representatives are available from 9:00 am to 4:00 pm Monday - Friday.

Online Billing Manager

stanford.patientcompass.com

NOTE: This is a statement for physician services ONLY. You may receive a separate bill for hospital services and/or clinic facility fees.

Statement Date: 02/23/2013

MATHEW TAGG
PO BOX 1632
PALO ALTO CA 94302-1632

MAKE CHECKS PAYABLE TO:

**STANFORD HOSPITAL & CLINICS
CLINIC CASH CLEARING
P. O. BOX 742188
LOS ANGELES, CA 90074-2188**



Tear Here

Patient Name	Invoice Number	Date Due
MATHEW TAGG	2058343	03/17/2013

Amount Due

\$ 230.00

Amount Enclosed

\$

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

To pay by credit card: For your convenience, you may pay by Visa, MasterCard, Discover, or American Express. Please indicate your credit card preference, provide the account information, and sign below.



Account No. _____

Expiration Date _____

Signature X _____

Statement Date
02/23/2013

Medical Record Number
26229658

Page 2 of 2

Patient Statement for MATHEW TAGG

A summary of services, charges, claims and payments is provided below.
Please keep this page for further reference.

Summary of Services and Amounts Due

Visit Number: 101278058-0002 **Tax ID:** 77-0465765 **Service Date(s):** 02/22/13
Provider: BROOKS A BAHR, MD, MBA, Dermatology **Location:** STANFORD MEDICINE OUTPATIENT CENTER

Our records indicate that you are responsible for the balance on this invoice. Payment is due upon receipt. Please detach the payment stub and enclose it with your payment.

Services and Charges

2013-02-22 99213 EVAL/MGMT OF EST PATIENT 230.00
Total Charges \$ 230.00

Claims and Payment Activity

Amount Now Due For This Service \$ 230.00

ICD9: 704.09

Referring Physician: SELF-REFERRED

Change of Patient/Guarantor Information

New Address	City	State	Zip Code	New Phone #
Is this your Primary or Secondary Insurance? (Circle One) PRIMARY SECONDARY				
Policy Holder (as it appears on the insurance card)	Policy/Identification #	Group #	Date of Birth	Coverage Effective Date
Group Name or Policy Holder's Employer/Union		Insurance Company Name		
Insurance Company Claim Address		Insurance Company Phone Number		