

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
	Patient Name: OMAR M KHAN Facility: CENTENNIAL BAYLOR SCOTT & WHITE MEDIC Invoice Number: 7201260 Date of Service: 03/15/2022			
03/15/2022	ER EXAM	996.00		
03/15/2022	ER CHARGE	55.00		
03/30/2022	BLUE SHIELD PAYMENT		674.11	
03/30/2022	BLUE SHIELD ADJUSTMENT			376.89
03/30/2022	BLUE SHIELD TRANSFER			376.89
	Invoice Balance			

Century Integrated Partners, Inc. welcomes the opportunity to serve our patients and patient satisfaction is one of our top priorities. Please review this statement carefully.

#### Insurance:

If you have any questions regarding a deductible, co-insurance or other insurance payment amount, please contact your insurance company at the number provided on your insurance card.

#### Associated Expenses:

You may receive medical bills from other providers (such as medical transportation/ambulance, physicians, anesthesiologists, or radiologists). Please contact these providers directly regarding their bills.

#### Financial Assistance and Payments:

Century Integrated Partners, Inc. follows the Baylor Scott & White Health (BSWH) facility financial assistance program. If your hospital bill qualifies for a Financial Assistance/Charity Care program, Century Integrated Partners, Inc. will apply the same discount to the professional bill via notification process from the facility. Please visit BSWH's website at [www.bswhealth.com/financialassistance](http://www.bswhealth.com/financialassistance) for detailed information on how to apply for the financial assistance programs if applicable.

#### Change of Address

Name (Last, First, Middle Initial)

Address

City

State

ZIP

Telephone

#### If Paying By Credit Card:



Visit [WWW.DOCTORPAYMENTS.COM](http://WWW.DOCTORPAYMENTS.COM)

#### 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

#### 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

## Summary of Charges

Statement Date	04/03/2022
Account Name	OMAR M KHAN
Account Number	191 4408030
Total Charges	\$1,051.00
Total Adjustments	\$674.11
Total Payments	\$0.00
Total Amount Due	\$376.89
Due Date	05/03/2022
<b>Amount Due:</b>	<b>\$376.89</b>



### About This Billing Statement

You recently saw an emergency medicine physician during a visit to a **Baylor Scott & White Health** location. You may receive separate bills for hospital fees that are separate from this balance due.

**Amount Due:**  
**\$376.89**

## Pay in Full

24/7 online bill pay:  
[WWW.DOCTORPAYMENTS.COM](http://WWW.DOCTORPAYMENTS.COM)



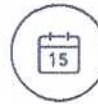
[WWW.DOCTORPAYMENTS.COM](http://WWW.DOCTORPAYMENTS.COM)

## Manage Your Account



### Online Bill Pay

Use the 3 digit client code and website below to make a fast, secure one-time payment!



### Self Service Payment Plan

Visit  
[WWW.DOCTORPAYMENTS.COM](http://WWW.DOCTORPAYMENTS.COM)

8 OAK PARK DRIVE|BEDFORD, MA 01730-1414

### Emergency Physicians at Baylor Scott & White Health

Have questions about your bill? Call us: 855-691-9890  
M-TH 8AM - 9PM FRI 8AM - 8 PM ET

ADDRESSEE:



SOHEL MOHAMMED  
8633 PAULINE ST  
PLANO TX 75024-6892

Account Number: 191 4408030  
Due Date: 05/03/2022  
Amount Due: \$376.89  
Amount Paid: \$



One-Time Payment: [WWW.DOCTORPAYMENTS.COM](http://WWW.DOCTORPAYMENTS.COM)

Your 3-Digit Client Code is 191

MAKE CHECKS PAYABLE AND REMIT TO:

Century Integrated Partners, Inc.  
PO Box 844409  
Dallas, TX 75284-4409



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