



5150 Cascade Road SE Suite B Grand Rapids, MI 49546

STATEMENT

i For questions about your bill, please call us at:
616-940-0646
Hours: Mon-Fri 9:00am-5:00pm
Please see back of statement for credit card information

Addressee



KAREN HOPE
111 DOWN ROAD
SOMEWHERE USA 67890

Page 1 of 1

Go Paperless & Make a Payment!

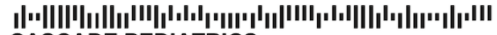


Scan here to make a fast and easy one-time payment.

Pay Online: cascadepeds.mysecurebill.com
myEasyMatch Code: 6KQ-YNW-TP3

Account Number	Due Date	Amount Due	Amount Paid
10236	10/25/2023	\$146.98	\$

Please make checks payable and remit to:



CASCADE PEDIATRICS
5150 Cascade Road SE Suite B
Grand Rapids, MI 49546

Check if address/insurance changes are on back

myEasyMatch Code: 6KQ-YNW-TP3

Please detach and return top portion with payment.

Account Number	Responsible Party	Statement Date	Due Date
10236	KAREN HOPE	10/04/2023	10/25/2023

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
	HARPER GUNN <i>Provider: SNE Loc: Cascade Pediatrics, L.L.P.</i>			
07/26/2023	Office visit, expanded	\$135.00		
08/16/2023	BLUE CROSS OF MI Adjustment Patient responsibility (Deductible)		-\$4.55	\$130.45
07/26/2023	Strep test	\$30.00		
08/16/2023	BLUE CROSS OF MI Adjustment Patient responsibility (Deductible)		-\$13.47	\$16.53
	TOTAL CARE PEDIATRICS 123 Main Street Anywhere USA 12345			

MESSAGES

Your prompt payment is appreciated

STATEMENT SUMMARY

Pending Insurance\$0.00
Last Patient Payment DateN/A
Last Patient Payment Amount.....N/A

AMOUNT DUE: \$146.98

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

If Paying By Credit Card, Fill Out Below			
CHECK CARD USING FOR PAYMENT		<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
CARD NUMBER		EXP. DATE	
SIGNATURE		AMOUNT PAID	
PRINT NAME		CVV CODE	

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	

What if I have billing questions?

Our billing office is staffed to help with your questions. Please call the phone number located on the front of this statement. Our knowledgeable staff will be happy to address any questions or concerns you may have regarding our financial policy or your account.

Why do I get a bill if I have insurance?

Not all of the services we provide are covered by all insurance carriers. We make every effort to inform you if we believe a service may not be covered, however, it is your responsibility to know the coverage limitations of your insurance contract. Since we do contract with many insurance companies, it is impossible for us to know the details of each individual policy.

Your insurance policy is an agreement between you and your insurance company. You are responsible for your account. You are also responsible to know your insurance policy, its benefits and requirements. We do not determine the amount of coverage you will receive, your insurance company does this. Any questions you may have concerning your benefits should be directed to your insurance company's Member Services Representative.

Please inform our office of any changes in your coverage.

Why did I get a bill from an outside lab company?

You will receive a separate billing from the lab for their analysis of your lab work. Outpatient Surgery: Results of outpatient surgery will be discussed with the patient or his/her designated family member only. No results of lab/x-ray/surgery will be given to anyone other than the patient without the patient's specific approval. This assures patient confidentiality and privacy.