



Services Performed by	Patient Name	Account Number
MORRISTOWN ER MED ASSOC, LLC	ATHARV AGGARWAL	MMC130764073

Payment Options

Payment Plan \$92.07 x 6 months	OR	Pay In Full \$552.42 Due Upon Receipt
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View All Options: envision.simpleeapay.com

Minimum Amount Due Upon Receipt

\$552.42

Account #: MMC130764073
 Services Performed at: Morristown Medical Center

Visit Date	Description	Charges	Insurance Pmt/Adj	Patient Pmt/Adj	Patient Balance
Patient Name: Atharv Aggarwal Provider(s): Mihir Vyas, Do					
3/12/20	99283 - Emerg Injury Eval & Mgmt-Lvl 3	\$490.00			
	12013 - Wound Rep 2.6-5Cm Face Etc	\$308.00			
	94760 - Non-Invasive Pulse Oximetry	\$36.00			
	99053 - Srvc Reqstd 10Pm - 8Am In Er	\$83.00			
	Insurance Payments & Adjustments		-\$364.58		
	Patient Balance				\$552.42
Grand Totals & Amount Due Today		\$917.00	-\$364.58	\$0.00	\$552.42

Important Message

Your medical bill is due.

Contact Us: (800) 355-2470 | Personal ID for Payments 2256407
Hours of operation: 8:30AM - 7:00PM Eastern Time
 Please detach and return bottom portion with your payment.

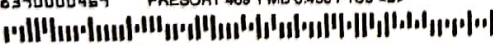


Pay Online envision.simpleeapay.com
(800) 355-2470

Patient Name ATHARV AGGARWAL	Amount Due \$552.42
Due Date L	Upon Receipt
Account #	MMC130764073

Amount Enclosed

Please make check payable to **MORRISTOWN ER MED ASSOC, LLC** and include your account number on your check.

8390000469 PRESORT 469 1 MB 0.438 P1C3

 AMRITA BISHA
 108A DAFRACK DR
 LAKE HIAWATHA NJ 07034-1361

MORRISTOWN ER MED ASSOC, LLC
 PO BOX 80259
 PHILADELPHIA, PA 19101-1259

13130300001307640730005524200000000000000

Statement Date: April 10, 2020
 Guarantor Name: Amrita Bisha
 Guarantor ID: 4488000
 Due Date: May 11, 2020

Thank you for choosing Atlantic Health System!

Monthly Billing Statement

Guarantor Summary

Total Charges	\$1,402.02
Insurance Payments/Adjustments	\$-55.02
Patient Payments/Adjustments	\$0.00
Outstanding Balance	\$1,347.00

Financial assistance may be available to you under Atlantic Health System's Financial Assistance Policy (FAP). You can obtain information about the FAP application process by calling 1-844-487-3627.

Online at: www.atlantichealth.org/financialassistance

This statement is for hospital charges only. Please be aware that you may receive separate statements for services provided by your surgeon, radiologist, anesthesiologist, or other professional services.



Pay Your Bill Online

MyChart Activation Code: **S66JK-F5PMN-3HGTS**

Enroll at <https://mychart.atlantichealth.org> with the above activation code. You can make payments online and view your account details through our patient portal.



If you have questions regarding your statement or want to update your insurance information, please contact us at (800) 619-4024.

Monday to Thursday: 8:30 AM - 8:00 PM

Friday: 8:30 AM - 4:30 PM

Please make checks/money orders payable to: Atlantic Health System

Detach and return this coupon with your payment



PO Box 35610
 Newark, NJ 07193-5610

My insurance and/or mailing address has changed. My updated information is included on back of this coupon.

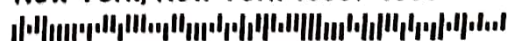
029198

ATL102 1775824 823528461
 Amrita Bisha
 108A Dafrack Dr
 Lake Hiawatha, NJ 07034-1361

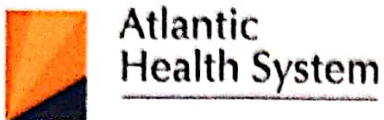


CARD TYPE			
<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> MasterCard	<input type="checkbox"/> DISCOVER
CARD NUMBER			CVV
SIGNATURE		EXP DATE	
GUARANTOR ID	DUE DATE	AMOUNT DUE	
4488000	05/11/2020	\$1,347.00	
PAYMENT AMOUNT		\$	

Atlantic Health System
 PO Box 21385
 New York, New York 10087-1385



213850448800000001347000



Guarantor Name: Amrita Bisha
 Guarantor ID: 4488000

Statement Date: 04/10/2020
 Due Date: 05/11/2020

Outstanding Balance: \$1,347.00
 Current Amount Due: \$1,347.00

Summary of Services

Accounts Not on a Payment Plan:

Visit to Morristown Medical Center March 12, 2020		Acct #100001603788 Patient: AGGARWAL.ATHARV			
Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
March 12	RPR SMP WND S/N/AX/G/T/EX 2.6-7.5 CM	829.00			
March 12	ED E&M LEVEL 2	571.00			
March 12	LET SOLN (51552-0106-9)	2.02			
April 10	United Healthcare INSURANCE PAYMENT Deductible: 1,347.00		0.00		
March 17	United Healthcare CONTRACTUAL WRITE-OFF		55.02		
	Totals	1,402.02	55.02		\$1,347.00
	Your Responsibility				\$1,347.00