\$6,087.33



KIRANBALA TRIPATHY

Bill date: 03/29/2020

Account number: 212901832207 18 months

Your hospital medical bill

Pay online - it's easy!

Pay your medical bills at kpscal.webpay.md

Pay by phone

1-833-294-8002 (TTY 711) Weekdays 8 a.m. to 5 p.m. PT

Pay by mail

Use the form below to send in your payment in the envelope provided.

Need help or have a question?

You can call us at: 1-833-294-8002 (TTY 711) Weekdays 8 a.m. to 5 p.m. PT

Can't pay? We can help.

If you'd like to set up a payment plan or if you need financial aid, please call us at the number above.

Billed to plan: \$92,357.15 Covered by plan: -\$86,269.82 Paid by you: \$0.00 Total account balance: \$6,087.33

Past due charges:

Minimum amount due:

\$6,087.33

Due by: UPON RECEIPT

A You have a payment past due

We haven't received your payment. Did you know we have payment plans that can make it easier to pay? If you can't pay the full amount now, please call us to make payment arrangements. If you've already arranged for payment, please ignore this notice.

spoken to Cautomer Somice. Dalton | dated 4/9/20 at 4:20PM.

Kaiser Permanente is here to help.

If you are experiencing financial hardship at this time, you may be eligible for additional assistance.

ment started on 06/15/20 For \$ 338.19 Cont-039-003572 Pay with a credit card, or write a check payable to Kaiser Permanente. Be sure to write your account number on your check.

H S

KAISER PERMANENTE»

(Please do not send payment to this address) Kaiser Permanente

P.O. Box 629024

El Dorado Hills, CA 95762-9024

Account number: Amount you owe:

Tear off this part and send it with your check, money order, or credit card information in the envelope provided.

212901832207 \$6,087.33

Amount paid: \$ Cardholder signature: _

Cardholder name:

Exp date: Card number: _

MB 01 000651 05432 E 8 A

KIRANBALA TRIPATHY 8486 GALLUP CT RANCHO CUCAMONGA, CA 91739-9257

KAISER FOUNDATION HEALTH PLAN, INC. FILE 50445 LOS ANGELES, CA 90074-0445