



KIRANBALA TRIPATHY

Bill date: 02/06/2021

Account number: 212901832207

Your professional 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

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

Pay by mail

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

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:	\$694.00
Covered by plan:	-\$247.00
Paid by you:	\$0.00
Total account balance:	\$447.00

Past due charges: \$447.00

Minimum amount due:

\$447.00

Due by: UPON RECEIPT

⚠ 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.

Kaiser Permanente is here to help.
If you are experiencing financial hardship at this time, you may be eligible for additional assistance.

Pay with a credit card, or write a check payable to Kaiser Permanente. Be sure to write your account number on your check. Tear off this part and send it with your check, money order, or credit card information in the envelope provided.



(Please do not send payment to this address)
Kaiser Permanente
P.O. Box 629024
El Dorado Hills, CA 95762-9024

P S

Account number: 212901832207
Amount you owe: \$447.00

Amount paid: \$ _____

Cardholder signature: _____

Cardholder name: _____

Card number: _____ Exp date: ____/____

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

KAISER FOUNDATION HEALTH PLAN
P.O. BOX 741514
LOS ANGELES, CA 90074-1514

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