



Infant Hearing Screening Specialists
PO Box 77010
Corona, CA 92877-0100

TEMP RETURN SERVICE REQUESTED

STATEMENT

Statement Date	PAN	Pay This Amount
3/14/2021	K8SJM8568	\$ 113.65

SECURE ONLINE PAYMENTS



<https://www.ihssca.net>



Subhashini Jagannathan
3330 Topaz Ln Apt C7
Fullerton, CA 92831-2624

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1957

Patient: BABYBOY JAGANNATHAN
PAN: K8SJM8568
Balance Due: \$ 113.65

Page: 1 of 1

Date of Service: 8/30/2020	Description of Service: Infant Hearing Test	
DATE	TRANSACTION DETAILS	AMOUNT
09/08/2020	Billed AETNA	\$ \$550.00
10/19/2020	Payment AETNA	\$ \$0.00
	Note: 113.65 APPLIED TO DEDUCTIBLE	
10/19/2020	Adjustment AETNA	-\$ \$436.35
11/14/2020	Billed PATIENT	\$ \$113.65
	Sub-Total:	\$113.65

Important Message

Infant Hearing Screening Specialists (IHSS) performed the hearing test for your baby as a contracted provider to the hospital. We have billed your insurance company. The amount due reflects the subscriber responsibility which was determined by your insurer. If you have any questions as to how your insurance company paid or determined these benefits, you may call them directly. Our billing department is available by phone Monday - Friday from 6:30 am to 5:30 pm (PST) at **(951) 406-3771** and by email at insurance@ihssca.net. Thank You! We appreciate the opportunity to serve you with this important test for your baby. Please do not hesitate to contact us with any questions or concerns.

Amount Due
\$ 113.65

Billing Questions (951) 406-3771
Billing Fax (951) 547-0565

Thank You From the Staff at: Infant Hearing Screening Specialists

To report secondary insurance or make payment by phone, please call (951) 406-3771.
To make a payment online, please visit our website <https://www.ihssca.net>.

Your account is 90 DAYS PAST DUE!
Please Remit Payment Today by calling (951) 406-3771.
MAKE CHECKS PAYABLE TO IHSS.

0 - 30 Days	31 - 60 Days	61 - 90 Days	90+ Days
			\$ 113.65

----- Detach and Send With Payment -----

Insured: SUBHASHINI JAGANNATHAN
Statement Date: 3/14/2021
Balance Due: \$ 113.65
PAN: K8SJM8568
Patient: JAGANNATHAN, BABYBOY
Amount Paid : \$ _____

MAKE CHECKS PAYABLE AND MAIL TO:

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Corona, CA 92877-0100