

Hoag Medical Group • Mission Heritage Medical Group  
 St. Joseph Heritage Medical Group • St. Jude Heritage Medical Group  
 St. Joseph Health Medical Group • St. Mary High Desert Medical Group  
 In alliance with St. Joseph Heritage Healthcare

2600 University Parkway | Coralville, IA 52241-3201

**PHYSICIAN SERVICES**

**i** Billing Inquires: (855) 221-8046  
 Office Hours: Monday – Friday, 8:00am – 5:00pm

Check if address/insurance changes are on back

**Addressee**



SUBHASHINI JAGANNATHAN  
 3330 TOPAZ LN APT C07  
 FULLERTON CA 92831-2624



**24/7 Auto Payment**

Easy, automated phone payments at your convenience. 855.221.8046, Option 9

**i** Pay Online: [sjhh.mysecurebill.com](http://sjhh.mysecurebill.com)  
 myEasyMatch Code: X-62159-2921-1894

Account Number	Due Date	Amount Due	Amount Paid
3700014G3	09/29/2020	\$351.00	\$

**Please make checks payable and remit to:**

ST. JOSEPH HERITAGE HEALTHCARE  
 PO BOX 31001-1913  
 PASADENA, CA 91110-1913

0000JAGANNATHANSUBHASHINI0003700014603000351004

myEasyMatch Code: X-62159-2921-1894

Please detach and return top portion with payment.

Account Number	Patient Name	Statement Date	Due Date
3700014G3	BB JAGANNATHAN	09/15/2020	09/29/2020

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
<b>ST. JUDE HERITAGE MEDICAL GROUP</b>				
08/30/2020	Provider: AERI KANG MD Invoice # 50275797 INIT NB EM PER DAY HOSP Balance Due	\$207.00		\$207.00
08/31/2020	Provider: SANDRA A MATHUR DO Invoice # 50275798 HOSPITAL DISCHARGE DAY Balance Due	\$144.00		\$144.00

**Mobile Quick Pay**

Make a quick and easy payment online with your smartphone.

Use your camera to scan QR code.



**PAYMENT OPTIONS**

- Pay your bill online: [sjhh.mysecurebill.com](http://sjhh.mysecurebill.com)
- Call 855.221.8046 to set up a flexible payment plan
- Financial assistance may be available, see back

**AMOUNT DUE: \$351.00**



Mission Heritage Medical Group  
 St. Joseph Heritage Medical Group • St. Jude Heritage Medical Group  
 St. Joseph Health Medical Group • St. Mary High Desert Medical Group  
 Providence Medical Foundation/St. Joseph Heritage Healthcare

2600 University Parkway | Coralville, IA 52241-3201

**PHYSICIAN SERVICES**

① Billing Inquires: (855) 221-8046  
 Office Hours: Monday – Friday, 8:00am – 5:00pm

Check if address/insurance changes are on back

**Addressee**

|||000033-1035  
 SUBHASHINI JAGANNATHAN  
 3330 TOPAZ LN APT C07  
 FULLERTON CA 92831-2624

Page 1 of 1



**24/7 Auto Payment**

Easy, automated phone payments at your convenience. 855.221.8046, Option 9

Pay Online: [sjhh.mysecurebill.com](http://sjhh.mysecurebill.com)  
 myEasyMatch Code: X-07002-1758-7139

Account Number	Due Date	Amount Due	Amount Paid
3700014G3	02/02/2021	\$197.75	\$

**Please make checks payable and remit to:**

|||000033-1035  
 ST. JOSEPH HERITAGE HEALTHCARE  
 PO BOX 31001-1913  
 PASADENA, CA 91110-1913

0000JAGANNATHANSUBHASHINI0003700014603000197752

myEasyMatch Code: X-07002-1758-7139

Please detach and return top portion with payment.

Account Number	Patient Name	Statement Date	Due Date
3700014G3	BB JAGANNATHAN	01/19/2021	02/02/2021

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
<b>ST. JUDE HERITAGE MEDICAL GROUP</b>				
08/30/2020	Provider: SANDRA A MATHUR DO Invoice # 51002774 INIT NB EM PER DAY HOSP Insurance Adjustments <b>Balance Due</b>	\$207.00	-\$117.23	\$89.77
08/31/2020	Provider: SANDRA A MATHUR DO Invoice # 51613588 HOSPITAL DISCHARGE DAY Insurance Adjustments <b>Balance Due</b>	\$144.00	-\$36.02	\$107.98

**Mobile Quick Pay**

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Use your camera to scan QR code.



**PAYMENT OPTIONS**

- Pay your bill online: [sjhh.mysecurebill.com](http://sjhh.mysecurebill.com)
- Call 855.221.8046 to set up a flexible payment plan
- Financial assistance may be available, see back

**AMOUNT DUE: \$197.75**

TID101 - 22396386-001084-01/01-0-0-0

S.IH1



**STATEMENT**

**The Pathology Group Inc**  
 PO Box 8660  
 St. Louis MO 63126-0660

**PAYMENT DUE UPON RECEIPT**

<b>TO PAY BY CREDIT CARD; PLEASE VISIT</b> www.ePayItOnline.com Enter your 16 digit account number & the following: CodeID: PDMSTL11 Access #: 10585944-57-15		
STATEMENT DATE	ACCOUNT #	PAY THIS AMOUNT
09/22/2020	006600000631711	CONTINUED

0001



02893

AMOUNT PAID

IF THESE SERVICES ARE RELATED TO COVID19, PLEASE CALL US FOR GUIDANCE.

ALL RETURNED CHECKS WILL BE ASSESSED A FEE!

MAKE CHECK PAYABLE & REMIT TO:

02893  
 Jagannathan, Subhashini  
 3330 Topaz Ln Apt C 07  
 Fullerton CA 92831-2658

**The Pathology Group Inc**  
 Po Box 749241  
 Los Angeles CA 90074-9241

PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON BACK

DETACH HERE

AND RETURN THIS TOP PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

DATE	DESCRIPTION	AMOUNT	INS. BAL.	PAT. BAL.	BALANCE
08/29/20	ENCOUNTER 765634 FOR SUBHASHINI WITH LEE MD, VICTOR				
08/29/20	C222100164 - Blood Serology, Qualitative	\$10.00		\$7.97	
09/21/20	18_Insurance Adjustment	\$2.03-			
09/21/20	19_Insurance Payment	\$0.00			
08/29/20	C222100288 - Rubella	\$35.00		\$27.40	
09/21/20	19_Insurance Payment	\$0.00			
09/21/20	18_Insurance Adjustment	\$7.60-			
08/29/20	C223100007 - Automated Hemogram	\$19.00		\$14.94	
09/21/20	19_Insurance Payment	\$0.00			
09/21/20	18_Insurance Adjustment	\$4.06-			
08/29/20	C225100012 - Rbc Antibody Screen	\$18.00		\$18.00	
09/21/20	18_Insurance Adjustment	\$0.00			
09/21/20	19_Insurance Payment	\$0.00			
08/29/20	C225100022 - Blood Typing, Abo	\$8.00		\$5.48	
09/21/20	18_Insurance Adjustment	\$2.52-			
09/21/20	19_Insurance Payment	\$0.00			
08/29/20	C225100023 - Blood Typing, Rh (d)	\$13.00		\$5.48	
09/21/20	18_Insurance Adjustment	\$7.52-			
09/21/20	19_Insurance Payment	\$0.00			
08/30/20	C223100007 - Automated Hemogram	\$19.00		\$14.94	
09/21/20	19_Insurance Payment	\$0.00			
09/21/20	18_Insurance Adjustment	\$4.06-			
	<b>ENCOUNTER TOTAL</b>	\$94.21	\$0.00	\$94.21	\$94.21

To pay this statement electronically go to  
 www.ePayItOnline.com or scan the barcode  
 to the right with your mobile device or tablet

SCAN FOR  
 MOBILE  
 PAYMENT

Account #	Current	30 Days	60 Days	90 Days	120 Days	Total Acct Balance
006600000631711	\$94.21	\$0.00	\$0.00	\$0.00	\$0.00	\$94.21

Please Pay This Amount >>> CONTINUED

The balance shown on this statement is your responsibility and is due upon receipt.  
**Office hours Monday - Friday, PST 7-5, MST 8-6, CST 9-4, EST 10-5.**  
 Phone: (714) 338-1003 Fax: (314) 932-2823  
 Email: patientservices@coronishealth.com

The Pathology Group Inc  
 Po Box 749241  
 Los Angeles CA 90074-9241

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