



PO BOX 37819 | BALTIMORE MD 21297-7819

PATIENT STATEMENT

- i** For help with billing questions, please call: (304) 388-7530
Office Hours: 8:00AM-4:30PM Mon-Fri
- Check if address/insurance changes on back

Addressee

AMIT PACHAURI
720 OXFORD CIRCLE
CHARLESTON WV 25314

000500232174600000000215609

IF PAYING BY CREDIT CARD, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT

CARD NUMBER _____ EXP. DATE _____

SIGNATURE _____ SECURITY CODE _____

Pay Online: <https://camc.paymyhealthbill.com>
Access Code: 8036548777

Statement Number	Due Date	Amount Due	Amount Paid
5002321746	03/30/2020	\$215.60	\$

Please make checks payable and remit to:

CHARLESTON AREA MEDICAL CENTER
PO BOX 37819
BALTIMORE MD 21297-7819

Please detach and return top portion with payment.

Statement Number	Guarantor Name	Statement Date	Due Date
5002321746	AMIT PACHAURI	02/29/2020	03/30/2020

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
02/27/2020 01/09/2020	Date of Service (12/16/19) VEDANSHI PACHAURI <i>Encounter #: 3003249395</i> LABORATORY Commercial insurance payment Contractual Allowance Adjustment Patient Balance	\$667.00	-\$438.06 -\$13.34	\$215.60

MESSAGES

The insurance you provided us has paid its portion of this account. The balance remaining is your responsibility and is now due in full.

Pay Online: <https://camc.paymyhealthbill.com>
Access Code: 8036548777

Total Charges:\$667.00
Insurance Payments/Adjustments:-\$451.40
Patient Payments/Adjustments:\$0.00

AMOUNT DUE: \$215.60