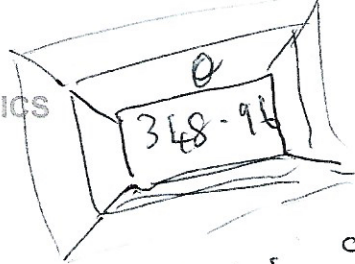


COMMONWEALTH DIAGNOSTICS
39 NORMAN ST
SALEM, MA 01970

Statement Date: December 07, 2020



out of network deductible

3rd party pricing company → 108-41
remaining discount

SABARISH KRISHINAPILLA
7220 MARGATE CT
CUMMING, GA 30040-6775



364

Account Summary:

Visit date(s): On 10/31/2020

Provider(s): COMMONWEALTH INC., RANVIR SINGH

Payment due now: \$175.00

Questions about your bill?

View your bill, ask questions, and pay online at inboxhealth.com/mybill
Email questions to MyBill@inboxhealth.com or call (855) 904-0151

Date	Service Description	Charges	Patient Payments	Insurance Payments	Adjustments	Patient Balance
10/31/2020	82542_SIBOCDX - SIBO BREATH TEST	\$348.96			-\$173.96	\$175.00
Totals		\$348.96	\$0.00	\$0.00	-\$173.96	\$175.00

The above services may not include charges for which you have no patient balance.
View more information about your bill online at inboxhealth.com/mybill

A message from your billing team:

Commonwealth Diagnostics performed testing for a recent breath or blood test. Thank you for your prompt payment of your balance due.

If you provided your credit card number on the requisition form, we will charge it ten (10) days from the date of this statement.

Detach lower portion and return in enclosed envelope

Statement Date: December 07, 2020

View & Pay Online (Recommended)

www.inboxhealth.com/mybill

Account number: 11106431

Access code: c9H4WA

View full bill details and pay quickly online.

Pay by phone

(855) 904-0151

Pay by check

Make checks payable to: Commonwealth Diagnostics

Please include your account number 11106431 in the memo



Card Number

Sec Code

Signature

Exp Date

Save a stamp and pay online:

www.inboxhealth.com/mybill

Pay Amount

Account #
11106431

Access Code
c9H4WA

Amount Due:
\$175.00

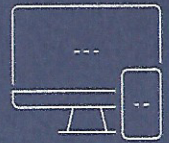
Commonwealth Diagnostics
39 NORMAN ST
Salem, MA 01970

Patient name: SABARISH KRISHINAPILLA
91465500



Make a quick and easy payment
online with your credit card.

emoryhealthcare.mysecurebill.com

**Physician Statement****i** Billing questions: (404) 778-7318
Toll Free: (800) 511-4443
Hours of Operation: M-F 8:30AM - 4:30PM**Addressee**

Page 1 of 1

SABARISH SATISH KRISHNAPILLAI
7220 MARGATE CT
CUMMING GA 30040-6775

Account Number	Due Date	Amount Due	Amount Paid
53319529	Upon Receipt	\$51.64	\$

Please make checks payable and remit to:EMORY PHYSICIANS GROUP
PO BOX 102398
ATLANTA, GA 30368-2398 Check if address/insurance changes are on back

myEasyMatch Code: X-18153-6917-8928

Please detach and return top portion with payment.

Account Number	Patient Name	Statement Date	Due Date
53319529	SABARISH SATISH KRISHNAPILLAI	09/10/2020	Upon Receipt

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
Messages				
The following insurance is listed for your account: Primary Insurance: CIGNA HMO POS OAP NET, Secondary Insurance: COMMERCIAL				
YOUR BALANCE IS NOW PAST DUE. IF YOU ARE UNABLE TO PAY THE BALANCE IN FULL PLEASE CONTACT US IMMEDIATELY FOR ASSISTANCE.				
Clinic Charges				
	Provider: WONG MD, PHILIP K			
04/13/2020	Encounter: 81465467			
04/24/2020	X-Ray Exam Of Lower Spine	\$40.00		
	CIGNA PAYMENT/ADJUSTMENT		\$13.78	
	Balance Due			\$26.22
	Provider: STILLMAN MD PHD, ARTHUR E			
04/13/2020	Encounter: 81553020			
08/26/2020	RADIOLOGIC EXAM CHEST 2 VIEWS	\$39.00		
	EMORY ADJUSTMENT		\$13.58	
	Balance Due			\$25.42

**Account Status: Past Due**One or more of your accounts are now past due. Pay online at
emoryhealthcare.mysecurebill.com or call us **404-778-7318**
today to discuss a flexible payment plan or financial assistance.**Payment Options**

- Pay Online: at emoryhealthcare.mysecurebill.com
- Call 404-778-7318 to set up a flexible payment plan or inquire about financial assistance.

AMOUNT DUE:**\$51.64**



Statement Date: 1/18/2020
 Guarantor Name: Supriya Subbiah
 Guarantor ID: 1262586
 Payor Plan: CIGNA - CIGNA /OPEN
 ACCESS PLUS

Interested in staying well? Get the latest health tips, news, and more on our new health information website at

www.wellstar.org

GUARANTOR INFORMATION:

Supriya Subbiah
 7220 MARGATE CT
 CUMMING, GA 30040-6775

Account Summary

Last statement balance	\$43.10
New charges	\$0.00
Paid by insurance or any adjustments since your last bill	\$0.00
What you paid since your last bill	0.00
Current account balance	\$43.10
Charges billed to insurance	\$0.00
This balance is due on or before 02/16/20	\$43.10

This billing statement represents hospital and physician charges for WellStar Health System.

Billing questions or changes in insurance?

Contact us at 470-245-9998,
 8:00 AM to 8:00 PM Mon-Thurs;
 8:00 AM to 5:00 PM on Fri.

Written correspondence:

Send all written correspondence to:
 WellStar Health System
 805 Sandy Plains Rd
 Marietta, GA 30066

How to make your payment:

You can make a payment online at www.wellstar.org. You may also pay your bill by check or credit card using the payment stub below. If you would like to allocate to a specific charge, call Customer Service at 470-245-9998.

Payment on this account is now past due. WellStar depends on prompt payment of all accounts in order to provide care to the community we serve. Please make your payment immediately.

Failure to pay your account may result in future assignment to collection agencies for further action. You may contact the WellStar Customer Service Center at the number above should you need further assistance with questions or payment arrangement options.

5779-WSEPIC56-4307635-2999301192-P; 20223822-1-361; 31511322-2; 1

130016



Mail Processing Center
 P.O. Box 3475
 Toledo, OH 43607-0475



Card Number	Amount
Signature	Expiration

 New address or insurance changes?
Check here and update reverse side.

Guarantor Name: Supriya Subbiah
 Guarantor ID #: 1262586
 Payment due: \$43.10
 Amount Paid \$ _____

001250
 0202

SUBBIAH, SUPRIYA
 7220 MARGATE CT
 CUMMING, GA 30040-6775

WELLSTAR HEALTH SYSTEM, INC.
 PO BOX 742625
 ATLANTA, GA 30374-2625

305231833

Receive Payment:

Acc. Number: 2349466

Scheduled Date: 7/31/2020

Patient ID: 1230701

Patient Name: Pillai, Sabarish

Exam: MRI Abdomen With And Without Contrast | 74183

Referrer: Ranvir Singh-

Site: American Health Imaging of Cumming

Form of Payment:

CC or Check #:

Exp. Date:

Insurer: Evicore Georgia Locale 01

Required CoPay: \$0.00

Payment:

Notes:

⌵



Payment Receipt

PAYMENT APPROVED
Approval Code 08471D
Reference Number 2238048117

Payment Information

Patient Name	Amount	Payment Method	Card Number	Payment Date
SABARISH S KRISHNAPILLAI	\$198.30	Credit/Debit Card	VISA - 3557	07/31/2020 07:58:00 AM (EST)

Patient ID	Plan ID	Txn. Type	Notes
1230701		Copay Payment	

Signature