

MED CITY PLANO
 P.O. BOX 740782
 CINCINNATI OH 452740782
 866-656-8776



<http://WWW.MEDICALCITYPLANO.COM/BILLPAY>

1-866-656-8776

PATIENT NAME	PATIENT ACCOUNT NUMBER	ADMISSION DATE	DISCHARGE DATE
SIDDANTI SNEHA	995091750	3/29/2020	N/A

SIDDANTI SNEHA
 999 NO KNOWN ADDRESS
 PLANO, TX 75074

March 31, 2020

DESCRIPTION	DATE	AMOUNT
HPS American Express Payment made by SHASHANK G PULIMAMIDI SOURCE AUTH CODE HPS ID Pas - Dallas 122563 161884600	3/31/2020	\$844.50
PAYMENT TOTAL		\$844.50

For your convenience, a summary of this account is shown below. For more information regarding this account or to make an additional payment, please visit our website at <http://WWW.MEDICALCITYPLANO.COM/BILLPAY>

ORIGINAL CHARGES	
Room Charges	PENDING FINAL BILL
Ancillary Charges	PENDING FINAL BILL

PAYMENTS AND DISCOUNTS	
Patient/Guarantor Payments and Discounts	PENDING FINAL BILL
Insurance Payments and Discounts	PENDING FINAL BILL
ACCOUNT BALANCE	PENDING FINAL BILL

Please be aware that the transactions may appear on your credit card statement as "HCA Local Hospital Visit" or "MEDICAL CITY PLANO"

Thank you for your business!

I agree to pay the above amount according to the card issuer agreement.

Authorized Signature: _____



995091750



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