

# Your visit to JFK MEDICAL CNTR

Due date: Dec 26, 2021

Date of service: Oct 2, 2021 | Clinician: Renee Wohltman Pa | Department: Emergency Department

Service	Billed	Ins adjusted	Ins paid	Amount due
Emergency department visit - 99283 ① Emergency department physician services - Level 3	\$742.00	-\$391.00	-\$315.90	\$35.10
			Subtotal billed	\$742.00
			Insurance adjusted	-\$391.00
			Insurance paid	-\$315.90
			Amount due (subtotal)	\$35.10

## Your bill summary

**TEAMHealth.**

<b>Total billed</b>	\$742.00
<b>Insurance adjusted</b> The discounted amount applied by your insurance.	-\$391.00
<b>Insurance paid</b> The benefit amount your insurance has paid based on your plan.	-\$315.90
<b>Total due</b>	<b>\$35.10</b>

View billing rights at: <https://pay.teamhealth.com/rights/>



DETACH AREA BELOW AND SEND WITH PAYMENT

## Mail this slip with check

Account Holder: Shivamkum Shah  
Account Number: M89545376  
Check reference #: 89545376-124-9071

**TEAMHealth.**

MAKE CHECK PAYABLE & MAIL TO:

Middlesex Emergency Physicians PA  
PO BOX 740021  
Cincinnati, OH 45274-0021

018000895453769018124135150907150000351059

## Understanding your balance



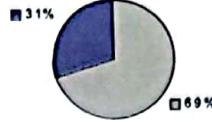
You visited a facility and received care from a physician.



One of those physicians was our provider.



Our provider bills your insurance. The facility bills separately.



Depending on your coverage, insurance decides how much of the bill they will pay.



Insurance pays our provider according to your policy.



You pay the balance.

**NOTICE: THIS IS A BILL. BASED UPON INFORMATION FROM YOUR HEALTH PLAN, YOU OWE THE AMOUNT SHOWN.**

Date	Services	Charges	Insurance Payment	Patient Payments	Patient Balance
10/2/2021	WRIST MIN 3 VIEWS	\$39.00		\$0.00	\$12.03
	Insurance		\$-26.97		

<b>Total</b>	<b>\$39.00</b>	<b>\$-26.97</b>	<b>\$0.00</b>	<b>\$12.03</b>
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**Your Balance \$12.03**

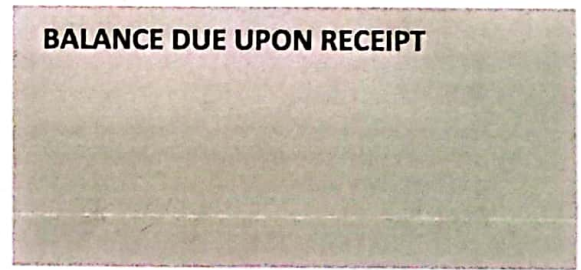
Payment due December 11, 2021

Pay online at <https://hapusa.patientpay.net>

Bill ID: 61cb351b-5

-or-

- ▶ by smart phone by scanning this code
- ▶ call for assistance (888) 333-8131
- ▶ using the payment slip below



TO ENSURE PROPER CREDIT, DETACH THIS PORTION AND RETURN WITH PAYMENT

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK

The Edison Radiology Group, PA  
PO BOX 3271  
Indianapolis, IN 46206-3271

Patient Name  
Shivamkum Shah  
Account Number  
ERG46279  
Your Balance  
\$12.03

MAKE CHECKS PAYABLE TO: ↴

9\*\*\*0.46100000\*\*\*\*AUTO\*\*ALL FOR AADC 07099



Shivamkum Shah  
77 Wall St  
Metuchen, NJ 08840-2857

The Edison Radiology Group, PA  
PO BOX 3271  
Indianapolis, IN 46206-3271

010100000002434



Hackensack  
Meridian Health  
JFK Medical Center

P.O. Box 8505  
Coral Springs, FL 33075

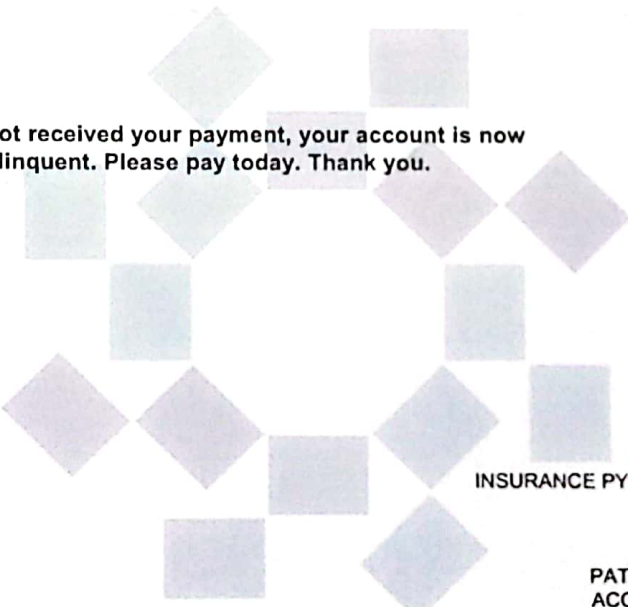
www.HackensackUMC.org/PayMyBill Tax ID No. 22-6019101

### Account Statement

STMT6 ▲ 0 0 4 1 6 1 

Shivamkum Shah  
77 Wall St  
Metuchen NJ 08840-2857

STATEMENT DATE	PAY THIS AMOUNT	DUE BY
12/09/2021	\$1,435.37	UPON RECEIPT
PATIENT/GUARANTOR NAME		
SHIVAMKUM SHAH		
ACCOUNT NUMBER	DATE OF SERVICE	
80801897624	10/02/2021-10/02/2021	
ATTENDING PHYSICIAN		
DIAZ, MICHAEL		
DIAGNOSIS	PROCEDURE	
S69.92XA		
FOR INFORMATION ON ACCOUNT PLEASE CALL:		
551-996-3355		

DESCRIPTION	TOTAL CHARGE(S)
Previous Balance	\$1,435.37
<p><b>We have not received your payment, your account is now delinquent. Please pay today. Thank you.</b></p> 	
	BILLED AMOUNT: \$2,540.00 INSURANCE PYMNTS & ADJMTS: (\$1,104.63) DEDUCTIBLE: \$1,387.97 CO-INSURANCE: \$47.40 CO-PAY: \$0.00 PATIENT PAYMENTS: \$0.00 ACCOUNT BALANCE: \$1,435.37
<p><b>Pay your bill online at <a href="http://www.HackensackUMC.org/PayMyBill">www.HackensackUMC.org/PayMyBill</a></b> PLEASE DETACH AT PERFORATION AND RETURN WITH YOUR PAYMENT</p>	

Please contact our Customer Service Department between the hours of 8:00AM - 4:00PM M - FRI, if you have any questions regarding your statement or if you would like to set up a payment plan at (551) 996-3355.

If you require financial assistance through the NJ Hospital Care Assistance Program, please access our website at [www.jfkmc.org](http://www.jfkmc.org) and select the "For Patients" tab for information or you can call our Financial Assistance office at (732) 321-7534.

**YOU MAY RECEIVE SEPARATE BILLS FOR PHYSICIAN SERVICES SUCH AS RADIOLOGISTS, ANESTHESIOLOGISTS, CARDIOLOGISTS, ER PHYSICIANS, SURGEONS AND CONSULTING PHYSICIANS.**

Please enter Account Number on all checks and correspondence. Detach and return the bottom portion of this statement with your remittance.

Please check box if your address is incorrect or if insurance information has changed.  
Please indicate change(s) on reverse side

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

**PLEASE REMIT PAYMENT TO:**

Account #: 80801897624 Status: O  
Patient: SHIVAMKUM SHAH

**Balance: \$1,435.37**

To pay by phone Dial 551-996-3355 then press 1

We accept all major credit cards

To pay by Credit Card    

Visit us at [www.HackensackUMC.org/PayMyBill](http://www.HackensackUMC.org/PayMyBill)

JFK Medical Center  
P.O. BOX 95000-7705  
PHILADELPHIA PA 19195-0001

