

Your Total **Amount Due**

\$282.04

This amount is your responsibility.

Pay Your Bill Online

Using MYchart

go to or set up an account: www.choa.org/billing











Statement Date: 9/21/2021

Payment Required

Additional Payment Options

Automated Pay-by-Phone at 866-415-7358 Available 24/7

Mail Check: Pay Stub provided below

Call: 404-785-5589 or Email: billing@choa.org Mon-Thur 8 am- 6 pm, Fri 8 am - 5 pm

Visit Number	Р	atient Name / Descri	ption	c	harges	Insurance Payments/ Adjustments	Patient Payments/ Adjustments	Your Total Amount Due
			Recent Visits		a kujestini.		a lagriculari de la compa	Cale Cale
708107488	Manvik Sharma CHILDREN'S HEALTI 8/11/2021	RITE	\$424.50					
	United TOTAL ADJ-INSURAI			\$142.4	6			
	Amount Due Now					> \$282.04		
0 - 60 Days \$282.		91 - 120 Days \$0.00	121 - 150 Days \$0.00	151 - 180 Day \$0.	Delicate and Delicate and Delicate	er 180 Days T \$0.00	OTAL ACCOUNT	\$282.04

IMPORTANT MESSAGES

- Our records show that the balance due is your responsibility. Charge and payment details can be viewed in MYchart.
- We offer Financial Assistance for qualifying patients. Details and a Financial Assistance Application are available at www.choa.org/billing or by calling (404) 785-5589

PLEASE DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

BILL ENCLOSED







DISCOVER VISA DUE DATE STATEMENT DATE **GUARANTOR NUMBER** 10/05/2021 9/21/2021 5002257214 CHECK NUMBER YOUR TOTAL \$282.04 AMOUNT DUE

AMOUNT ENCLOSED:



SHARMA MANU 6885 PTRDNDY RD NE APT 105 ATLANTA, GA 30328-5729 ԽՈՒլիՈրդՈրդՈրդՈւնիվորվիրՈրդուիՈրիՈրիՈր Make Checks Payable and Mail To:

CHILDREN'S HEALTHCARE OF ATLANTA PO BOX 116210 ATLANTA, GA 30368-6210 որժըրդիկիլիկիլիոնվիկութինինինինինինին

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Visit Number	Patient Name / Description				Insurance es Payments Adjustmen	/ Payments/	Your Total Amount Due
			Recent Visits				e an exe.
708107488	8/11/2021 United	ALTHCARE OF ATLAI JRANCE (WRITE-OFF	NTA AT SCOTTISH	RITE \$4	24.50	2.46	> \$282.04
	Amount Due No	w					
0 - 60 Days	61 - 90 Day	s 91 - 120 Days	121 - 150 Days	151 - 180 Days	Over 180 Days	TOTAL ACCOUNT	BALANCE DUE
\$282.	04 \$0.	00 \$0.00	\$0.00	\$0.00	\$0.00		\$282.04

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BILL ENCLOSED





TOLEDO, OH 43607-0475





AMOUNT ENCLOSED:



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SHARMA MANU 6885 PTRDNDY RD NE APT 105 ATLANTA, GA 30328-5729 ինովինկինվինկիորնիկներկորններիկորկերկիկումից Make Checks Payable and Mail To:

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