

657250C (PC2)

Your Total Amount Due

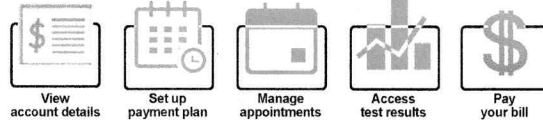
\$282.04

This amount is your responsibility.

Pay Your Bill Online

Using **MYchart**

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



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	Patient Name / Description	Charges	Insurance Payments/ Adjustments	Patient Payments/ Adjustments	Your Total Amount Due	
Recent Visits						
708107488	Manvik Sharma CHILDREN'S HEALTHCARE OF ATLANTA AT SCOTTISH RITE 8/11/2021 United TOTAL ADJ-INSURANCE (WRITE-OFF) Amount Due Now	\$424.50		\$142.46	\$282.04	
0 - 60 Days	61 - 90 Days	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

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

Children's
Healthcare of Atlanta
PO BOX 3475
TOLEDO, OH 43607-0475



Pay by Check or Credit Card online at www.choa.org/billing

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> CHECK
STATEMENT DATE 9/21/2021		DUE DATE 10/05/2021		GUARANTOR NUMBER 5002257214
YOUR TOTAL AMOUNT DUE \$282.04		CHECK NUMBER		

AMOUNT ENCLOSED: _____

Make Checks Payable and Mail To:

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



002182
0101

SHARMA MANU
6885 PTRDNDY RD NE APT 105
ATLANTA, GA 30328-5729



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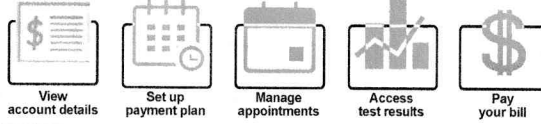
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Children's
Healthcare of Atlanta
PO BOX 3475
TOLEDO, OH 43607-0475



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				<input type="checkbox"/>
MASTERCARD	DISCOVER	VISA	AMERICAN EXPRESS	CHECK
STATEMENT DATE 10/21/2021		DUE DATE 11/04/2021		GUARANTOR NUMBER 5002257214
YOUR TOTAL AMOUNT DUE		\$282.04		CHECK NUMBER

AMOUNT ENCLOSED: _____



005040
0101

SHARMA MANU
6885 PTRDNDY RD NE APT 105
ATLANTA, GA 30328-5729



Make Checks Payable and Mail To:

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

