



# NORTHSIDE HOSPITAL

P.O. BOX 101757  
ATLANTA, GEORGIA 30392-1757  
(404) 851-6500

FED. TAX NO. 58-1954432

F/C	PT. TYPE	TYPE OF BILL	DATE OF BILL	PAGE NO
5	SER	D1	03/05/21	1

PATIENT NAME <b>NEHA SHARMA</b>		ADMISSION DATE 02/12/21	DISCHARGE DATE 02/28/21	ACCOUNT NUMBER 2104300448
INSURANCE COMPANY NAME (S) 405015 UHC ALL SAVERS				

WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ACCOUNT NUMBER

NAME & ADDRESS

NEHA SHARMA  
6885 PEACHTREE DUNWDY RD  
APT 105  
ATLANTA GA 30328

POSTING DATE	SERVICE CODE	ORDER NUMBER	SERVICE DESCRIPTION	QUANTITY	TOTAL CHARGE
02/12/21	BB 2599	1 ***300	CAPILLARY STICK LABORATORY or (LAB)	1	32.00
02/12/21	BB 1033	3	NUCHAL TRANS/SINGLE	1	837.00
02/12/21	BB 2026	2 ***402	CP OB U/S SINGLE (1ST TRIMEST ULTRASOUND	1	1,140.00
					1,977.00
			TOTAL CHARGES		2,009.00
03/18/21	I1210	624	UNITED HEALTH CARE PAYMENT		0.00
04/14/21	P1200	15	WELLS FARGO CREDIT CARD PMT		-313.73
03/10/21	A0460	880	UNITED HEALTH CARE OF GA. ADJ		-963.24
04/16/21	A0385	534	PROMPT PAYMENT ADJUSTMENT		-732.03
			TOTAL PAYMENTS/ADJUSTMENTS		-2,009.00

**THANK YOU**

ACCOUNT BALANCE ▶

0.00

Please see the reverse side for information regarding your hospital bill.

PHYSICIANS PROVIDING SERVICES TO PATIENTS AT NORTHSIDE HOSPITAL ARE NOT AGENTS OR EMPLOYEES OF THE HOSPITAL BUT ARE INDEPENDENT PRACTITIONERS IN THE PRIVATE PRACTICE OF MEDICINE, AS SUCH, THEY USE THEIR OWN PROFESSIONAL JUDGEMENT IN DIAGNOSIS AND TREATMENT DECISIONS; THE HOSPITAL DOES NOT EXERCISE CONTROL OVER THEIR INDEPENDENT MEDICAL JUDGEMENT



**NORTHSIDE HOSPITAL**

P.O. BOX 101757  
ATLANTA, GEORGIA 30392-1757  
(404) 851-6500

FED. TAX NO. 58-1954432

F/C	PT. TYPE	TYPE OF BILL	DATE OF BILL	PAGE NO.
2	SER	D1	04/05/21	1

WHEN REFERRING TO THIS ACCOUNT,  
PLEASE USE ACCOUNT NUMBER

PATIENT NAME NEHA SHARMA	ADMISSION DATE 03/01/21	DISCHARGE DATE 03/31/21	ACCOUNT NUMBER 2106002908
-----------------------------	----------------------------	----------------------------	------------------------------

INSURANCE COMPANY NAME (S)  
405015 UHC ALL SAVERS

**N  
A  
M  
E  
&  
A  
D  
D  
R  
E  
S  
S**

NEHA SHARMA  
6885 PEACHTREE DUNWDY RD  
APT 105  
ATLANTA GA 30328

POSTING DATE	SERVICE CODE	ORDER NUMBER	SERVICE DESCRIPTION	QUANTITY	TOTAL CHARGE
03/26/21	BB 2025	1 ***402	TFA OB U/S SINGLE - NEW ULTRASOUND	1	1,368.00 1,368.00
			TOTAL CHARGES		1,368.00
05/07/21	I1210	389	UNITED HEALTH CARE PAYMENT		0.00
04/07/21	A0460	7	UNITED HEALTH CARE OF GA. ADJ		-848.00
			TOTAL PAYMENTS/ADJUSTMENTS		-848.00

**THANK YOU**

**ACCOUNT BALANCE ▶ 520.00**



Please see the reverse side for information regarding your hospital bill.

PHYSICIANS PROVIDING SERVICES TO PATIENTS AT NORTHSIDE HOSPITAL ARE NOT AGENTS OR EMPLOYEES OF THE HOSPITAL BUT ARE INDEPENDENT PRACTITIONERS IN THE PRIVATE PRACTICE OF MEDICINE, AS SUCH, THEY USE THEIR OWN PROFESSIONAL JUDGEMENT IN DIAGNOSIS AND TREATMENT DECISIONS; THE HOSPITAL DOES NOT EXERCISE CONTROL OVER THEIR INDEPENDENT MEDICAL JUDGEMENT



# NORTHSIDE HOSPITAL

Statement Date: 07/26/2021  
Responsible Party: NEHA SHARMA  
Corp Account #: 05343352

## COMBINED ACCOUNT SUMMARY

See details on reverse

Total Charges	\$1,368.00
Insurance Payments	\$0.00
Insurance Adjustments	\$848.00
Patient Payments	\$0.00
Patient Adjustments	\$0.00
Current Account Balance	\$520.00
Insurance Pending	\$0.00
<b>Amount Due</b>	<b>\$520.00</b>

## IMPORTANT MESSAGES:

### NORTHSIDE CARES

Call us for COVID Relief Discounts

## INFORMATION ABOUT YOUR BILL

As a courtesy, Northside Hospital will bill the insurance company you provided. If payment is not received from your insurance company, you may be liable for any unpaid charges.

In addition to the bill that you receive from Northside Hospital, you may also receive a bill directly from other healthcare professionals such as your physician, specialist, Radiologist, Anesthesiologist, ER physician, etc.

## PAYMENT AND CONTACT INFORMATION

To pay online visit [www.northside.com/onlinebillpay](http://www.northside.com/onlinebillpay) and click, Manage My Account. Additional payment methods include mail and over the phone. If you need to speak with Patient Financial Services please call (404) 851-6500, or email us at [customer.service@northside.com](mailto:customer.service@northside.com)

Please note: Do not send Northside Hospital payments with language such as Paid in Full, without recourse, or similar language.

Northside Hospital may accept it without losing any of the Hospital's rights to collect for services and you will remain obligated to pay any further amounts owed to the hospital.

## FINANCIAL ASSISTANCE INFORMATION

Northside Hospital offers many financial assistance options for patients, who are uninsured, underinsured or having difficulty paying for their services, and are undergoing medically necessary healthcare services.

For more information regarding the program criteria and/or to obtain a copy of Northside's Financial Assistance Program Policy, please visit our website at [www.northside.com/billingandcollections](http://www.northside.com/billingandcollections) or contact our Financial Assistance Counseling Office at 404-851-6500.

3178-NORTHSSTMT-1727888-1112693750-P; 11819749-3-611; 33179915-1;

PLEASE DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT



# NORTHSIDE HOSPITAL

1001 Summit Blvd., Suite 150 • Atlanta, GA 30319-6408

Return Service Requested

CHECK BOX IF PAYMENT SHOULD BE FOR SPECIFIC ACCOUNT. SEE REVERSE.

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



IF PAYING BY CREDIT CARD OR ELECTRONIC CHECK, FILL OUT BELOW.				
<input type="checkbox"/> MasterCard	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/>
CARD NUMBER OR ABA/ROUTING/CHECKING ACCOUNT NUMBER				
SIGNATURE			EXP. DATE	
PLEASE PRINT NAME				
STATEMENT DATE	DUE DATE	CORP ACCOUNT #	SHOW AMOUNT PAID	
07/26/2021	SEE REVERSE	05343352	\$	
TOTAL AMOUNT DUE BY PATIENT			657216D (PC2)	
▶▶ \$520.00 ◀◀			Pay Online: <a href="http://www.northside.com/Onlinebillpay">www.northside.com/Onlinebillpay</a>	

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

NORTHSIDE HOSPITAL  
PO BOX 101565  
ATLANTA, GA 30392-1565



005405  
0101



# GEORGIA PERINATAL CONSULTANTS

5780 PEACHTREE DUNWOODY ROAD, SUITE 380  
ATLANTA, GA 30342-1579  
PHONE #: (404) 303-7647  
www.georgiaperinatal.com

**ADDRESSEE:**

ADDRESS SERVICE REQUESTED 0 0



46-15007  
10734579.1  
0917531

**NEHA SHARMA**  
6885 PEACHTREE DUNWOODY RD APT 105  
ATLANTA, GA 30328-5729

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

**STATEMENT**

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

Page 1 of 1

IF PAYING BY CREDIT CARD, FILL OUT BELOW

VISA   DISCOVER

CARD NUMBER: \_\_\_\_\_ AUTHORIZATION CODE:   
(usually last 3 digits on back of card in signature line)

SIGNATURE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

STATEMENT DATE <b>06/18/2021</b>	PAY THIS AMOUNT <b>\$531.25</b>	PATIENT ID <b>33466P 358</b>
SHOW AMOUNT PAID HERE \$		

**REMIT TO:**

**GEORGIA PERINATAL CONSULTANTS**  
5780 PEACHTREE DUNWOODY RD STE 380  
ATLANTA GA 30342-1579



DATE	DESCRIPTION	CHARGES	INSURANCE	PATIENT
	<b>33466P 3588706N Neha Sharma</b>			
02/12/2021	Office or other outpatient visit, expanded problem	\$193.00	\$193.00	\$ .00
02/12/2021	Complete Pregnancy Ultrasound, first trimester, transabdominal; single or first gestation	\$187.00	\$187.00	\$ .00
02/12/2021	Nuchal Translucency	\$187.00	\$187.00	\$ .00
02/23/2021	Filed charges of 567.00 to United Healthcare	\$ .00	\$ .00	\$ .00
03/02/2021	Filed charges of 567.00 to American Medical and Life Insurance	\$ .00	\$ .00	\$ .00
03/10/2021	Contractual Adjustment from AMS	\$ .00	\$ -286.63	\$ .00
03/10/2021	Payment from AMS	\$ .00	\$ -81.19	\$ .00
03/10/2021	Transfer from Insurance	\$ .00	\$ -199.18	\$199.18
		<b>BALANCE:</b>	\$ .00	\$199.18
	<b>33466P 3588706N Neha Sharma</b>			
03/26/2021	Office or other outpatient visit, expanded problem	\$193.00	\$193.00	\$ .00
03/26/2021	Targeted Fetal Assessment, after first trimester, transabdominal; single or first gestation	\$214.00	\$214.00	\$ .00
03/31/2021	Filed charges of 407.00 to American Medical and Life Insurance	\$ .00	\$ .00	\$ .00
04/08/2021	Contractual Adjustment from AMS	\$ .00	\$ -234.77	\$ .00
04/08/2021	Payment from AMS	\$ .00	\$ -81.19	\$ .00
04/08/2021	Transfer from Insurance	\$ .00	\$ -91.04	\$91.04
		<b>BALANCE:</b>	\$ .00	\$91.04
	<b>33466P 3588706N Neha Sharma</b>			
04/23/2021	Office or other outpatient visit, expanded problem	\$193.00	\$193.00	\$ .00
04/23/2021	Targeted Fetal Assessment, follow-up, transabdominal	\$381.00	\$381.00	\$ .00
04/23/2021	BMI not documented, pregnancy	\$ .00	\$ .00	\$ .00
04/23/2021	Tobacco screen - non-user	\$ .00	\$ .00	\$ .00
04/26/2021	Filed charges of 574.00 to American Medical and Life Insurance	\$ .00	\$ .00	\$ .00
05/05/2021	Contractual Adjustment from AMS	\$ .00	\$ -210.71	\$ .00
05/05/2021	Payment from AMS	\$ .00	\$ -122.26	\$ .00
05/05/2021	Transfer from Insurance	\$ .00	\$ -241.03	\$241.03
		<b>BALANCE:</b>	\$ .00	\$241.03



## GEORGIA PERINATAL CONSULTANTS

5780 PEACHTREE DUNWOODY ROAD, SUITE 380  
ATLANTA, GA 30342  
(404) 303-7647  
www.georgiaperinatal.com

Total Balance	Ins. Balance	Balance Due
\$531.25	\$ .00	\$531.25

*vehant sama COM see it.* Reflects transactions posted through 06/18/2021

# Georgia OBGYN

Responsible Party: Neha Sharma

Patient ID: PMAW1179470

eStatement ID: QMCEASSH

## Summary (as of 7/10/2021)

Total Charges:	\$773.75
Ins Pmts/Adj:	-\$629.08
Patient Pmts/Adj:	-\$126.68
Pending Insurance:	\$0.00

**Total Balance Due \$17.99**

detailed summary on next page

## Your Statement

If you have Insurance, your claim(s) have been filed and the balance is now your responsibility. Phyttest provides laboratory billing and payment services for your physician. If you have any questions regarding your bill, please contact our Billing Department at (855) 943-0205, Monday through Friday 8:00am to 5:00pm.

### Payment Options



To pay your bill online for free, go to:

[pay.phyttest.com](http://pay.phyttest.com)

Pay now with your Patient ID: PMAW1179470



Pay by phone, or ask questions about your bill, Monday - Friday 8:00 AM - 5:00 PM EST:  
**(855) 943-0205**, please be prepared to provide your Patient ID: PMAW1179470

Detach this coupon and return with your payment



Georgia OBGYN  
PO BOX 468329  
ATLANTA, GA 31146

STATEMENT DATE	PATIENT ID	PLEASE PAY BY:
7/10/2021	PMAW1179470	7/30/2021
SHOW AMOUNT PAID HERE		BALANCE DUE
		<b>\$17.99</b>



Pay Online at:

[pay.phyttest.com](http://pay.phyttest.com)

Pay now with your Patient ID: PMAW1179470

ISB0710A \*\*\* 7000001742 00.0007.0129 1227/1  
1227 1 AB 0.428 \*\*\* ALL FOR AADC 303



NEHA SHARMA  
6885 PEACHTREE DUNWOODY RD APT 105  
ATLANTA GA 30328-5729

PLEASE MAKE CHECKS PAYABLE TO:



GEORGIA OBGYN  
PO BOX 468329  
ATLANTA, GA 31146



Responsible Party: Neha Sharma



Pay Online at:

[pay.phytest.com](http://pay.phytest.com)

Pay now with your Patient ID: PMAW1179470

## Your Statement Continued

DATE	DESCRIPTION	CHARGE	PMT/ADJ	TOTAL
1/27/2021	Urine Culture, Bacteria	\$51.25		
	<b>Insurance Adjustments</b>		( - \$166.02)	
	<b>Patient Payments/Adjustments</b>		( - \$55.23)	
	<i>Pending Insurance</i>			
		\$221.25	- \$221.25	<b>\$0.00</b>
<b>Georgia OBGYN</b>				
3/5/2021	Alpha-Fetoprotein Serum	\$91.50		
3/5/2021	Venipuncture	\$12.00		
	<b>Insurance Adjustments</b>		( - \$85.51)	
	<i>Pending Insurance</i>			
		\$103.50	- \$85.51	<b>\$17.99</b>
<b>Total Balance Due</b>				<b>\$17.99</b>