

# STATEMENT

**Peachtree Oral & Maxillofacial  
Surgery Associates, PC**  
550 Pharr Road NE  
Suite 325  
Atlanta, GA 30305-2319

<b>Page</b>	1
<b>Statement Date</b>	11/10/2021
<b>Patient ID</b>	61314

**Mrs. Neha Sharma**  
6885 Peachtree Dunwoody RD  
#105  
Atlanta GA 30328

**Due Now \$** 139.80  
**Amount Enclosed \$** \_\_\_\_\_

Detach Stub and Return with Payment

Keep this portion for your records

Date	Patient	Patient ID	Description	Amount
			Starting Balance	0.00
08/16/21	Neha Sharma	61314	Consultation/Exam	150.00
08/16/21	Neha Sharma	61314	Single Tooth Extract # 18	238.00
08/19/21	Neha Sharma	61314	POT/	0.00
08/23/21	Neha Sharma	61314	POT/	0.00
09/02/21	Neha Sharma	61314	Insurance Payment/GUAR/CG/Mast	-67.20
09/02/21	Neha Sharma	61314	Insurance Adjustment/GUAR	-181.00
			Ending Balance	139.80

<b>Current</b>	<b>31-60</b>	<b>61-90</b>	<b>91-120</b>	<b>121+</b>	<b>Unapplied</b>	<b>Total</b>		<b>Due Now \$</b>	139.80
0.00	0.00	139.80	0.00	0.00	0.00	139.80			

**Peachtree Oral & Maxillofacial  
Surgery Associates, PC**

For billing inquiries call: **404-233-8221**

Insurance Last Billed on Aug 17, 2021

Your balance is due now. Please pay call the office to pay.

**Peachtree Oral & Maxillofacial  
Surgery Associates, PC  
GREGORY P MARKS, MICHAEL M DEMO  
550 Pharr Road NE, Suite #325  
Atlanta, GA 30305-3450  
404-233-8221**

<b>Service Date</b>	08/16/2021
<b>Patient ID</b>	61314

<b>Today's Charges \$</b>	388.00
<b>Today's Credits \$</b>	0.00
<b>Account Balance \$</b>	388.00

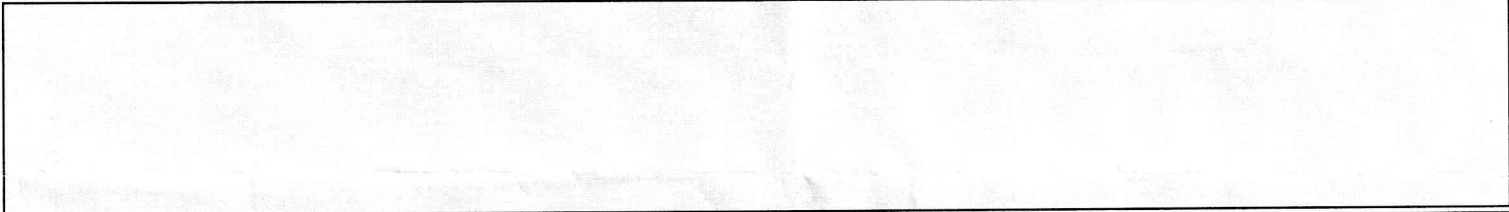
Mrs. Neha Sharma  
6885 Peachtree Dunwoody RD  
#105  
Atlanta, GA 30328

Please Detach and keep for your records  
Attending Doctor's Statement

**Date** 08/16/2021  
**Patient ID** 61314

**Peachtree Oral & Maxillofacial  
Surgery Associates, PC  
GREGORY P MARKS, MICHAEL M DEMO  
550 Pharr Road NE, Suite #325  
Atlanta, GA 30305-3450  
404-233-8221**

Mrs. Neha Sharma  
6885 Peachtree Dunwoody RD  
#105  
Atlanta, GA 30328



Service Date	Procedure Code	Description	Modifier	Tooth	POS	TOS	Units	Amount
08/16/2021	D7140	D7140		18	11	2	1	238.00
08/16/2021	99204	D0160			11	3	1	150.00

**Signature:** \_\_\_\_\_ **581849412** **1932223740** **Total \$ 388.00**  
 Gregory P. Marks D.D.S. **Tax ID** **NPI**

**Medical License:** \_\_\_\_\_ **Dental License:** 10603

Complete the patient information section of your insurance claim. Attach a copy of this form and mail directly to your insurance company. It is not necessary for this office to fill out the insurance company form.



# Laboratory Bill

## BALANCE NOW DUE

Payments made via an online banking service must include this invoice #

TAX ID# : 13-3757370

Invoice/Factura: 78791014

Amount Due: \$30.19

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



Patient Name: NEHA SHARMA  
 Invoice Date: 08/16/21 121160580270

### Important Notice

**THIS BILL REPRESENTS THE COINSURANCE, DEDUCTIBLE OR COPAY AMOUNT DUE. WE UNDERSTAND OUR PATIENTS MAY BE FACING UNEXPECTED FINANCIAL HARDSHIPS. IF YOU NEED ASSISTANCE WITH YOUR BILL, PLEASE CALL THE NUMBER LISTED ON YOUR INVOICE.**

**Test requested by:**  
 PIEDMONT WOMENS HEALTHCARE  
 275 COLLIER RD., STE. 100 B  
 ATLANTA, GA 30309

**Insurance that has been filed:**  
 ALL SAVERS, AMS, & UHC LIFE INS CO  
 ID#: XXX-XX-4059  
 POLICY GROUP#: 908868

### Summary of Activity

Date of Service	Description	Charges	Adjustments	Medicare/ Medicaid Paid	Insurance Paid	Patient Paid	You Pay
07/30/21	Strep Gp B NAA ADJUSTMENT(S)	185.00	(154.81)				185.00 (154.81)
<b>IMPORTANTE: Tenemos agentes bilingues disponibles para asistirle. Llamenos ahora para resolver su situación.</b>		185.00	(154.81)				<b>\$30.19</b>

Labcorp reserves the right to refuse laboratory services for failure to pay for past services. Only your doctor can answer questions regarding testing, diagnosis and results.

To request a copy of your laboratory report: Go to [patient.labcorp.com](http://patient.labcorp.com)

TEST PERFORMED BY: LABCORP BIRMINGHAM 1801 FIRST AVENUE SOUTH BIRMINGHAM, AL 35233

We accept the following credit cards:



Payment arrangements can be made with no additional fee by calling (1-800-845-6167) from 8 AM - 8 PM Monday - Friday, or visit [labcorp.com/billing](http://labcorp.com/billing)



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

Payments made via an online banking service must include  
**Invoice # 78791014**

Return this portion with payment  
**DO NOT SEND CASH**  
 Make check or money order payable to:

**Laboratory Corporation of America Holdings**  
**PO Box 2240**  
**Burlington, NC 27216-2240**



Invoice/Factura: 78791014

Amount Due: \$30.19

[www.labcorp.com/billing](http://www.labcorp.com/billing)

FAX: 1-866-227-2939

AMRAHS\*AHEN\*\*\*\*\* 12116058 0270\*\*\*\* 1 0030197



**Total Amount Due \$120.00**  
**Due Upon Receipt**



01188

**NEHA SHARMA**

Pay your bill at [www.personapay.com/pediatrixmedicalgroup](http://www.personapay.com/pediatrixmedicalgroup)

**ID #: 9481783**

**Seamless QUICK PAY**  
**No Registration Required!**



Total Charges	Adjustments & Ins. Payments	Patient Payments	Fees	Outstanding Balance
\$1,311.00	— \$1,191.00	\$0.00	+ \$0.00 =	<b>\$120.00</b>

See page 2 for a full breakdown of your billing activity. To update account information, please visit [www.personapay.com/pediatrixmedicalgroup](http://www.personapay.com/pediatrixmedicalgroup) or call us!

<b>Account Information</b> Statement Date: 01/20/2022 Account Status: Pymt. Due Lifetime Statement #0001	<b>Insurance Information</b> Primary ALL SAVERS M54A - *****4 Secondary None on File	<b>Need to speak with us?</b> Call 877-511-2296 M-F 8:00am - 8:00pm EST
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This statement is for services rendered by PEDIATRIX MEDICAL GROUP. Payment in full is expected upon receipt. Please see the detailed account information on subsequent pages for more information. If payment is returned for any reason, a \$25 fee will be added to your account.

Please review the charge detail listed on the following page(s) of this statement. If you have insurance that is not listed or is incorrect, please contact us so that we can update our records.

Questions about this Statement or Payment Options? Call 877-511-2296

DETACH HERE AND RETURN THIS BOTTOM PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

PEDIATRIX MEDICAL GROUP  
 PO BOX 120153  
 GRAND RAPIDS MI 49528-0103

ID Number	Statement Date	Due Date
9481783	01/20/2022	Due Upon Receipt
Balance	Min Balance Due	Amount Enclosed
<b>\$120.00</b>	<b>\$120.00</b>	

Statement Number 0001

918649264

Phone: 877-511-2296  
 Hours: M-F 8:00am - 8:00pm EST

000100000000948178350000012000431

01188  
 01188  
 NEHA SHARMA  
 6885 Peachtree Dunwoody Rd Apt 105  
 Atlanta GA 30328-5729

MAKE CHECK PAYABLE AND REMIT TO:  
 PEDIATRIX MEDICAL GROUP  
 PO BOX 88087  
 CHICAGO IL 60680-1087



Please review the charge detail listed on the following page(s) of this statement. If you have insurance that is not listed or is incorrect, please contact us so that we can update our records.

**Accounts Not on Payment Plans**

**Account Detail for 56076259**

Note: This account is current.

**Patient Name: MANVIK SHARMA**

Location: PIEDMONT HOSPITAL  
 Provider: SUNEETI GUPTA MD  
 Primary Insurance: ALL SAVERS M54A - \*\*\*\*\*4059

Activity Date	Description	Charges	Pmts/Adj/ Fees	Balance
08/09/2021	99460:INITIAL HOSPITAL OR BIRTH	\$715.00	\$655.00	\$60.00
01/11/2022	INS CHK-MANAGED CARE		-\$426.93	
01/11/2022	MANAGED CARE		-\$228.07	

Full account detail available online @ [www.personapay.com/pediatrixmedicalgroup](http://www.personapay.com/pediatrixmedicalgroup)

Account Payoff Amount	\$60.00
Account Min Amt Due	\$60.00

**Account Detail for 56076260**

Note: This account is current.

**Patient Name: MANVIK SHARMA**

Location: PIEDMONT HOSPITAL  
 Provider: SUNEETI GUPTA MD  
 Primary Insurance: ALL SAVERS M54A - \*\*\*\*\*4059

Activity Date	Description	Charges	Pmts/Adj/ Fees	Balance
08/10/2021	99238:HOSPITAL DISCHARGE DAY	\$596.00	\$536.00	\$60.00
01/11/2022	INS CHK-MANAGED CARE		-\$304.57	
01/11/2022	MANAGED CARE		-\$231.43	

Full account detail available online @ [www.personapay.com/pediatrixmedicalgroup](http://www.personapay.com/pediatrixmedicalgroup)

Account Payoff Amount	\$60.00
Account Min Amt Due	\$60.00

Due Date: Due Upon Receipt						
Days Late	Current	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Balance Due
Patient Balance	\$120.00	\$0.00	\$0.00	\$0.00	\$0.00	\$120.00

\*Balances older than 120 days may not be reflected on this statement. Please call us for more information.