



Patient invoice for lab services on 2/3/2020
ordered by Chandrasekhara, Darshna, Gateway Obgyn

Summary

Narasiman, Janani

Case number: 3094832

Invoice date: 3/27/2020

Due date: Due Upon Receipt

Note to Patient

Go to payment.natera.com and use your case number and credit card to pay.

You can also fill out the credit card information below, and return it to us in one of three ways: by secure fax: 650-456-2122, by secure email: insbilling@natera.com, or by mailing it to the address below. We accept Amex, Visa, MC, Discover.

If you prefer to pay via check, please make your check payable to Natera, Inc. and mail to the address below.

Lab Service

Panorama Prenatal Screen

Details of Charges & Adjustments

Total Price: \$795.00

Prompt payment discount: \$0.00

Your discount has expired.

Total Due: \$795.00
Thank you for your prompt payment

payment.natera.com

For any questions, call us at 844-384-2996 (M-F 8am-7pm CST)
or email insbilling@natera.com

Please pay online at payment.natera.com, or detach and return lower portion with your payment



NATERA
PO BOX 8427
PASADENA CA 91109-8427

Check here if your address has changed. Please provide new address and new insurance information on the back.



1315

NARASIMAN, JANANI
10715 N MACARTHUR BLVD APT 250
IRVING, TX 75063-5223

Case Number:	3094832
Due Date:	Due Upon Receipt
Amount Due:	\$795.00
To pay by credit card, check card type box and fill out below	
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER NETWORK
Card Number	Exp. Date
Card Holder Name	CW Code
Signature	Amount Enclosed

NATERA
PO BOX 8427
PASADENA CA 91109-8427

Your Account Status

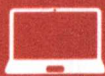
Your insurance provider notified us that you were not covered under their plan. Your balance is past due. If this is incorrect, contact your insurer.

Payment due

\$846.70

Upon Receipt

Choose a Payment Method



Pay Online
Recommended

Make a secure online payment: www.quickpayportal.com
QuickPay Code: V646-RKN8-V6C-1FTQ



Mail Payment

Mail your payment with the coupon below.
Make checks payable to: DARSHNA S CHANDRASEKHARA MD.
Please include your account # on the check.

Questions? Have a question about your balance, or need to update your insurance information with us? Call **972-258-7462**.

Thank you for choosing DARSHNA S CHANDRASEKHARA MD

Your account may go to collections; please make payment arrangements now.

Enjoy the ease and security of paperless statements. Sign up today at <https://11541-64.portal.athenahealth.com/>

PAID

detailed summary ➤

Detach coupon below and return with your payment. Please include your account number on the check, and use the envelope provided for faster processing.



DARSHNA S CHANDRASEKHARA MD

PO BOX 14099
BELFAST, ME 04915

AB 01 118908 36637 B 389 A



JANANI NARASIMAN
10715 N MACARTHUR BLVD APT 250
IRVING TX 75063-5223

Pay Online at QuickPay
www.quickpayportal.com | QuickPay Code:
V646-RKN8-V6C-1FTQ

Due Date	Patient Account #
Upon Receipt	1808884A11541
Amount Due	Amount Enclosed
\$846.70	

Make checks payable to: DARSHNA S CHANDRASEKHARA MD



DARSHNA S CHANDRASEKHARA MD
ATTN # 14588X
PO BOX 14000
BELFAST ME 04915-4033



Check box if insurance or patient information has changed.
Please indicate changes on reverse side.

**UNIFIED WOMEN'S HEALTHCARE OF TEXAS
PLLC**

Guarantor Name:
Patient Account #:
Statement Date:

JANANI NARASIMAN
1808884A11541
04/04/2020

Your Account Status

Your insurance provider notified us that you were not covered under their plan. Your balance is past due. If this is incorrect, contact your insurer.

Charges	\$971.05
Previous Payments & Credits	\$124.35
Total Balance	\$846.70
Payment Due Upon Receipt	\$846.70

PROFESSIONAL FEES

Charges for services rendered by a provider, such as an examination or explanation of results.

Patient Name Janani Narasiman	Provider Name DARSHNA CHANDRASEKHARA	Service Location CC062_HWY 161
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Date	Description	Charge Status	Charges	Payments/ Credits	Patient Balance
01/13/2020	NEW PT / COMP HX & EXAM / MODERATE TO HIGH		\$497.70		
01/20/2020	Credit - Insurance Company: United Healthcare	NOT ELIG		\$0.00	
01/21/2020	Credit - Patient Payment			-\$124.35	
	<i>Patient Balance - MISC.</i>				\$373.35
01/13/2020	URINE PREGNANCY TEST		\$30.00		
01/20/2020	Credit - Insurance Company: United Healthcare	NOT ELIG		\$0.00	
	<i>Patient Balance - MISC.</i>				\$30.00
01/13/2020	URINALYSIS; W/O MICROSCOPY		\$10.00		
01/20/2020	Credit - Insurance Company: United Healthcare	NOT ELIG		\$0.00	
	<i>Patient Balance - MISC.</i>				\$10.00
01/13/2020	US EXAM PG UTERUS COMPLEX		\$433.35		
01/20/2020	Credit - Insurance Company: United Healthcare	NOT ELIG		\$0.00	
	<i>Patient Balance - MISC.</i>				\$433.35
TOTAL PATIENT BALANCE					\$846.70

PAID

Any dispute regarding this statement or any amounts due must be submitted in writing to:
P.O. Box 19000, Belfast, ME 04915-4085

Submitting payment in an amount less than the total on this statement shall not constitute an offer to settle any dispute, regardless of any accompanying communication.

118908 2/2



10909

Metropolitan Anesthesia Consultants, LLP – Primary
 PO BOX 650823 DEPT 41197
 DALLAS TX 75265
 ADDRESS SERVICE REQUESTED

Date	9/29/2020
Account Number	MET923215
Reference Number	SU005120689264
Amount Due Now	\$843.00



JANANI NARASIMAN
 10715 N Macarthur Blvd Apt 250
 Irving TX 75063-5223

STATEMENT

Statement Date: 9/29/2020		Consumer Number: 53469132		Total Balance: \$843.00	
Account Number	Service Location	Regarding	Amount Owed	Service Date	
MET923215	MEDICAL CITY LAS COLINAS	JANANI NARASIMAN	843.00	07/04/2020	

Thank you for choosing Metropolitan Anesthesia Consultants, LLP – Primary. Your prompt attention to this matter is appreciated. Payments may be made through our website <https://anesthesiabilling.ixt.com> or by dialing 866-270-0368. Customer Service Representatives are available to take your phone call between 7:00 AM to 6:00 PM, Central Standard Time, Monday through Thursday and 7:00 AM to 5:00 PM, Central Standard Time, Friday.

PLEASE SEE THE BACK FOR FURTHER IMPORTANT INFORMATION.

97TTFROS14ENOT125D-625866533

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> DISCOVER
CARD NUMBER	CVV2	DISCOVER AMOUNT
SIGNATURE		EXP. DATE

Acct No. MET923215 Service Location MEDICAL CITY LAS COLINAS Regarding JANANI NARASIMAN Amount Owed 843.00 Service Date 07/04/2020

ACCOUNT NUMBER	TOTAL DUE
MET923215	\$843.00
REGARDING	JANANI NARASIMAN

Please remit payment to:

Metropolitan Anesthesia Consultants, LLP – Primary
 PO BOX 650823 DEPT 41197
 DALLAS TX 75265

You may pay your bill...

- By Phone at 866-270-0368
- By Mail at the remit address
- Online: <https://anesthesiabilling.ixt.com>

Your Account Status


Your health insurance has been billed correctly and the remaining balance is your responsibility.

Payment due

\$372.98

Upon Receipt

Choose a Payment Method

 **Pay Online**
Recommended

Make a secure online payment: www.quickpayportal.com
QuickPay Code: 5145-4CQJ-58G-1FTQ

 **Mail Payment**

Mail your payment with the coupon below.
Make checks payable to: DARSHNA S CHANDRASEKHARA MD.
Please include your account # on the check.

Questions? Have a question about your balance, or need to update your insurance information with us? Call **972-258-7462**.

 **Thank you for choosing DARSHNA S CHANDRASEKHARA MD**

Thank you for your prompt payment.

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detailed summary >

Detach coupon below and return with your payment. Please include your account number on the check, and use the envelope provided for faster processing.

DARSHNA S CHANDRASEKHARA MD



PO BOX 14099
BELFAST, ME 04915

Pay Online at QuickPay
www.quickpayportal.com | QuickPay Code:
5145-4CQJ-58G-1FTQ

Due Date	Patient Account #
Upon Receipt	1808884A11541
Amount Due	Amount Enclosed
\$372.98	

Make checks payable to: DARSHNA S CHANDRASEKHARA MD

AB 01 092365 62239 B 310 A



JANANI NARASIMAN
10715 N MACARTHUR BLVD
APT 250
IRVING TX 75063-5223



DARSHNA S CHANDRASEKHARA MD
ATTN # 14588X
PO BOX 14000
BELFAST ME 04915-4033



Check box if insurance or patient information has changed.
Please indicate changes on reverse side.



UNIFIED WOMEN'S HEALTHCARE OF TEXAS
 PLLC

Guarantor Name:
 Patient Account #:
 Statement Date:

JANANI NARASIMAN
 1808884A11541
 12/29/2020

Your Account Status

Your health insurance has been billed correctly and the remaining balance is your responsibility.

Charges	\$3,250.11
Previous Payments & Credits	\$2,877.13
Total Balance	\$372.98
Payment Due Upon Receipt	\$372.98

PROFESSIONAL FEES

Charges for services rendered by a provider, such as an examination or explanation of results.

Patient Name	Provider Name	Service Location
Janani Narasiman	DARSHNA CHANDRASEKHARA	GATEWAY OBSTETRICS &

Date	Description	Charge Status	Charges	Payments/ Credits	Patient Balance
07/04/2020	VAG. DELIVERY:POSTPARTUM CARE		\$3,250.11		
12/24/2020	Credit - Insurance Payment: United Healthcare	PROCESSED		-\$863.91	
12/24/2020	Credit - Insurance Adjustment: United Healthcare	PROCESSED		-\$2,013.22	
	<i>Patient Balance - COINSURANCE, DEDUCTIBLE</i>				\$372.98
TOTAL PATIENT BALANCE					\$372.98

Any dispute regarding this statement or any amounts due must be submitted in writing to:
 P.O. Box 19000, Belfast, ME 04915-4085

Submitting payment in an amount less than the total on this statement shall not constitute an offer to settle any dispute, regardless of any accompanying communication.

092365 2/2



**CLINICAL PEDIATRIC ASSOCIATES
OF NORTH TEXAS**



7200 N. STATE HIGHWAY 161
SUITE 100
IRVING, TX 75039-3800

FORWARDING SERVICE REQUESTED

Billing Questions: (972) 331-7200

MDG2015 00019467 1 AB 0.41



JANANI NARASIMAN
10715 N MACARTHUR BLVD APT 250
IRVING, TX 75063-5223



PAID

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Please check if address or insurance information is incorrect and complete form on back.

			Fill In Below To Pay By Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		
Card Number		Exp. Date	Zip Code		
Card Holder Name		Signature			
Statement Date 11/05/20	Pay This Amount \$27.67	Account # 37385			
Payment Due Date 11/25/20	Show Amount Paid Here				

Make Checks Payable To:

Clinical Pediatric Associates of North TX
PO Box 225827
Dallas, TX 75222-5827

Account #: 37385

Please Pay: \$27.67

Due Date: 11/25/20



Available for your convenience - online account statements and processing! Make a payment or sign up at:
www.cpa-nt.com

Date	Description	Charges	Payments & Adjusts	Insurance Balance	Amount Due
07/04/20	Balance Forward				
	Sharwin Arun (Dr. Tran, Medical City)				
09/22/20	NB initial exam & discharge same da	295.00			27.67
09/22/20	Insurance Payment -- UHC (Box 30		-110.68		
09/22/20	Adjustment Ins Contract #QC71680		-156.65		
09/22/20	Coinsurance per INS		0.00		

IMPORTANT MESSAGE ABOUT YOUR ACCOUNT

Your balance is now 30 days past due, please contact your insurance if you feel the enclosed services are a covered benefit on your policy. If you have any questions please contact our office.

Please Pay

27.67

Make Checks Payable To:
Clinical Pediatric Associates of North TX



For Billing Questions Call
(972) 331-7200
Mon - Fri
8:00 am - 4:30 pm

Visit Our Website: www.cpa-nt.com