

**NORTHSIDE  
HOSPITAL**

PO BOX 100062 ATLANTA, GA 30348-0062  
**RETURN SERVICE REQUESTED**

**DUE UPON RECEIPT**  
**\$3,778.76**

## Hospital Billing Statement

**VANI KUNNATHEERI**  
657 STATELY DR  
WOODSTOCK GA 30188

### Bill Summary

Guarantor Name:	VANI KUNNATHEERI
Corporate Id:	05354364
Statement Date:	10/12/2022
<hr/>	
Total Charges:	\$19,843.00
Insurance Payments & Adjustments:	-\$12,353.87
Patient Payments & Adjustments:	-\$1,094.37
Insurance Pending:	\$2,616.00
<b>Amount Due:</b>	<b>\$3,778.76</b>

### Ways To Pay



#### Pay Online

Visit: [www.northsidewallet.com](http://www.northsidewallet.com)  
Enter SecureHealthCode: **H8N-QE4-JZY**



#### Pay by Phone

Call: **404-851-6500**  
Enter SecureHealthCode: **486-734-599**



#### Pay by Mail

Complete the form below and return in the enclosed envelope. Make check payable to **Northside Hospital**

### Payment Options

Learn more about the following options on the back of this page, or visit [www.northsidewallet.com](http://www.northsidewallet.com)

- Payment Plans
- Financial Assistance

### Have Questions?

Call: **404-851-6500**  
Hours: Mon-Fri 8:00am - 4:00pm  
Chat: [www.northsidewallet.com](http://www.northsidewallet.com)

**Flip Page →**



*Paying With Check? Detach and return lower portion with payment*

**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.**

Name: VANI KUNNATHEERI  
Account Number: 05354364  
Secure Health Code: H8N-QE4-JZY

**Amount Due: \$3,778.76**

Payment Included \$

*If paying by check, make payments to:*

**NORTHSIDE HOSPITAL**  
PO BOX 100060  
ATLANTA, GA 30348-0060

0486374435809902 0003778768

**Visit 1**

Patient Name: VANI KUNNATHEERI  
 Account Number: A2215804533

Provider Location: Atlanta Campus  
 Primary Insurance: HUMANA HMO POS OPEN ACC HDHP NPOS

Date	Description of Service	Amount
09/16/2022	TOTAL CHARGES	\$16,822.00

**Notes:** Insurance Paid - Balance due.

Insurance Payments & Adjustments: -\$11,948.87  
 Patient Payments & Adjustments: -\$1,094.37

**Total Amount: \$3,778.76**

**Visit 2**

Patient Name: RYAN SANDEEP  
 Account Number: A2225703649

Provider Location: Atlanta Campus  
 Primary Insurance: HUMANA HMO POS OPEN ACC HDHP NPOS

Date	Description of Service	Amount
09/16/2022	TOTAL CHARGES	\$3,021.00

**Notes:** Insurance has been billed - Insurance payment pending.

Insurance Payments & Adjustments: -\$405.00  
 Insurance Pending: -\$2,616.00

**Total Amount: \$0.00**

## Payment & Financial Options

### 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 Information

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. Please note that it may take 2-3 business days before your balance is updated to reflect payment.

### Payment Plans

Northside Hospital offers interest free payment plans for qualifying balances. To enroll in a payment plan visit [www.northsidewallet.com](http://www.northsidewallet.com) or call customer service at **404-851-6500** to speak to a representative.

### Financial Assistance

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**.