Guarantor Name: Patient Account #: Statement Date: FNU HARI PRIYA 23719199A8042 05/24/2022

055127 2/2

Your Account Status

Your health insurance has been billed correctly and the remaining balance is your responsibility. Your balance is past due. Please contact our office.

Charges	\$954.00
Previous Payments & Credits	\$318.93
Total Balance	\$635.07
Payment Due Upon Receipt	\$635.07

	PROFESSIONAL FEES						
	Charges for services rendered by a provider, such as an examination or	explanation of rest					
atient Name	Provider Name	Service Location					

Fnu Hari Priya Nguyen Vu, PA Virginia Family Medicine - Fairfax

				rayments/	
Date	Description	Charge Status	Charges	Credits	Patient Balance
03/05/2022	OFFICE OR OTHER OUTPATIENT VISIT FOR THE		\$466.00		
03/21/2022	Credit - Insurance Payment: Administrative	PROCESSED		-\$50.00	
03/21/2022	Credit - Insurance Adjustment: Administrative	PROCESSED		-\$109.91	
	Patient Balance - MISC.				\$306.09
03/05/2022	INFECTIOUS AGENT ANTIGEN DETECTION BY		\$184.00		
03/21/2022	Credit - Insurance Adjustment: Administrative	PROCESSED		-\$36.80	
	Patient Balance - MISC.				\$147.20

Patient Name Provider Name Service Location
Fnu Hari Priya Nguyen Vu, PA Virginia Family Medicine - Tysons

	Payments/			
Description	Charge Status	Charges	Credits	Patient Balance
OFFICE OR OTHER OUTPATIENT VISIT FOR THE		\$304.00		
Credit - Insurance Payment: Administrative	PROCESSED		-\$50.00	
Credit - Insurance Adjustment: Administrative	PROCESSED		-\$72.22	
Patient Balance - MISC.				\$181.78
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE Credit - Insurance Payment: Administrative Credit - Insurance Adjustment: Administrative	OFFICE OR OTHER OUTPATIENT VISIT FOR THE Credit - Insurance Payment: Administrative PROCESSED Credit - Insurance Adjustment: Administrative PROCESSED	OFFICE OR OTHER OUTPATIENT VISIT FOR THE Credit - Insurance Payment: Administrative Credit - Insurance Adjustment: Administrative PROCESSED PROCESSED	Description Charge Status Charges Credits OFFICE OR OTHER OUTPATIENT VISIT FOR THE \$304.00 Credit - Insurance Payment: Administrative PROCESSED -\$50.00 Credit - Insurance Adjustment: Administrative PROCESSED -\$72.22

TOTAL PATIENT BALANCE \$635.07

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