



WOODLAND ANESTHESIOLOGY  
ASSOCIATES, PC

114 Woodland St. Hartford, CT 06105  
860-714-6654 Office Hours 8 AM - 4:30 PM

**Guarantor Information**

**Statement Date:** 08/30/22

**Guarantor Account:** 132312749

**Guarantor Name:** Madhuri Cheela

**Insurance Information**

*If the insurance information has changed, please indicate the change(s) on the reverse side.*

Insurance # 1: UNITED HEALTH CARE

Insurance # 2:

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Insurance Balance	Patient Balance
<b>Account # 22241366 Patient Name: Madhuri Cheela</b>						
Provider: ZORN, JAMIE M						
06/07/2022	ANESTH, NEURAXIAL LABOR, PLAN VAG DEL (Anesthesia Qty: 15)	\$3,600.00				
07/01/2022	United Health Care Payments Coinsurance: \$428.00		-\$1,712.00			
07/01/2022	United Health Care Adjustments		-\$1,460.00			
	<b>Totals</b>	<b>\$3,600.00</b>	<b>-\$3,172.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$428.00</b>
	<b>Your Responsibility</b>					<b>\$428.00</b>

0-30 DAYS	31-60 DAYS	61-90 DAYS	91 + DAYS
0.00	428.00	0.00	0.00

<b>TOTAL AMOUNT DUE</b>	<b>428.00</b>
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**By Web:** You can now pay your bill on-line, Please visit us at [www.stfranciscare.org/mycare](http://www.stfranciscare.org/mycare).



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RETURN SERVICES REQUESTED



<b>Guarantor #</b> 132312749	<b>Statement Date</b> 08/30/22	<b>Amount Due</b> <b>\$428.00</b>
<b>Card #</b>	<b>Exp Date</b>	<b>Sec. Code</b>
<b>Signature</b>		
<b>Amount Enclosed</b> \$		



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