



**YOUR INFORMATION**

Statement Date 02/01/2024  
 Guarantor Name SHASHIDHARA SREENIVASA  
 Guarantor ID # 103714116  
 Account Numbers Located on following pages  
 Payment Due Date 02/29/2024

**CAN'T PAY ALL AT ONCE?**

You are pre-qualified for a payment plan. Activation is required. Please visit us at [myhealth.stanfordhealthcare.org](http://myhealth.stanfordhealthcare.org).

**Pay Monthly**  
6 payments  
\$354.54 each

**Pay in Full**  
1 payment  
\$2,127.19

**A MESSAGE FOR YOU**

Please pay your bill online or sign up for paperless billing at [www.stanfordhealthcare.org/billing](http://www.stanfordhealthcare.org/billing).

**YOUR ACCOUNT SUMMARY**

Total Charges \$20,815.88  
 Patient Payments \$0.00  
 Insurance Payments -\$7,508.81  
 Insurance Adjustments -\$11,179.88  
 Other Adjustments \$0.00

**AMOUNT DUE NOW \$2,127.19**

**YOUR PAYMENT OPTIONS OR HAVE QUESTIONS?**

- Online:** [www.stanfordhealthcare.org/billing](http://www.stanfordhealthcare.org/billing)
- Phone:** 800.549.3720 | Pay 24/7, Representative: M-F, 9-5p PST
- Mail:** To pay by check, return the bottom portion of this statement along with your check made payable to STANFORD HEALTH CARE.

Please see the reverse side of this statement for additional information on Financial Assistance.

**myHEALTH**

Access your health information anytime and anywhere. You can use MyHealth to:



- Set up a payment plan
- Apply for Financial Assistance
- Message your care team
- View your lab results
- Schedule your appointment
- Pay your bill

Thank you for choosing Stanford Health Care.  
 Please detach and return the bottom portion of this statement with your payment

Undeliverable Return Mail Only  
 PO Box 2090  
 Health Care Morrisville, NC 27560

**Amount Due \$2,127.19**  
**Payable Upon Receipt**

Guarantor ID 103714116  
 Statement Date 02/01/2024

Please mail check(s) and correspondence to this address only:

**STANFORD HEALTH CARE**  
**P.O. BOX 740715**  
**LOS ANGELES, CA 90074-0715**

# 003A3  
 SHASHIDHARA SREENIVASA  
 5200 IRON HORSE PKWY APT 554  
 DUBLIN CA 94568-7120



**Thank you for choosing Stanford Health Care for your healthcare needs. Our mission is to care, to educate, to discover. We are committed to helping you by providing the support and information you need to make informed decisions about your financial responsibility.**



**PAY YOUR STANFORD HEALTH CARE BILL ONLINE:**

For your convenience, online payments can be made using your credit or debit card. We accept VISA, MasterCard, American Express and Discover. You can access the online payment portal through [www.stanfordhealthcare.org/billing](http://www.stanfordhealthcare.org/billing).



**PAY YOUR STANFORD HEALTH CARE BILL FROM YOUR MYHEALTH ACCOUNT:**

Save time and postage by paying your hospital bills through your MyHealth account. Patients on MyHealth can also view their health information, medications, immunizations, request prescription refills, schedule appointments and view lab results. Download the Stanford MyHealth mobile app and access your health information on the go.



**PAY YOUR STANFORD HEALTH CARE BILL BY PHONE:**

To pay by credit or debit card using your telephone, please call us toll free at 1.800.549.3720, 24 hours a day, 7 days a week.



**PAY YOUR STANFORD HEALTH CARE BILL BY MAIL:**

To ensure correct posting of your payment, please include the bottom portion of the statement and include your account number on your check or money order. If paying by credit or debit card please call or log onto an online bill pay method.

**PAST DUE/COLLECTIONS:**

Payment is due within 30 days for services not covered by insurance. This includes denied claims, deductibles, and co-payments. If you disagree with the way a claim has been processed, please contact your insurance. If you are unable to pay your balance in full, please contact our office to discuss payment arrangements. Failure to contact our office, or accounts with no or delinquent payments, may be referred to an outside collection agency.

**QUESTIONS/CONCERNS:**

If you have any questions and/or concerns, please call us at 1.800.549.3720 or 650.498.7200. Our Customer Resolution Specialists are available from 9:00 a.m. to 5:00 p.m. PST Monday – Friday.

**FINANCIAL ASSISTANCE:**

Financial assistance is available for patients who meet eligibility criteria. Please contact our Customer Service Department at 1.800.549.3720 or 650.498.7200 for more details or apply online at [www.stanfordhealthcare.org/financial-assistance](http://www.stanfordhealthcare.org/financial-assistance).

**REFUNDS:**

Payments made by credit card will be refunded to the original form of payment. If the payment was made in a different form or the card is no longer available, refunds will be issued through a secure Bank of America web portal called Recipient Select. Patients can choose the preferred method for receiving the refund. When applicable, the patient will receive an e-mail from Stanford Health Care (noreply@stanfordhealthcare.recipientselect.com) with a link to the portal and instructions to create a profile and select the preferred payment method. Patients will have 5 days from the date of the e-mail to complete the selection. If not completed within 5 days, a pre-paid Visa credit card will be issued and mailed to the patient.


Changes to your insurance or address information can also be made by:  
Login to MyHealth at [www.stanfordhealthcare.org/billing](http://www.stanfordhealthcare.org/billing) or calling 1.800.549.3720.

<b>Change of Address and Insurance Information</b>				
New Address	City	State	Zip	New Phone #
Type of Primary Insurance: <input type="checkbox"/> Medicare <input type="checkbox"/> Blue Cross <input type="checkbox"/> Blue Shield <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Others _____				
Policy Holder (from insurance card)	Policy / Medical #	Group #	Date of Birth	Coverage Effective Date
Group Name or Policy Holder's Employee / Union		Insurance Company Name		
Insurance Company Address		Insurance Company Phone Number		

**Account Details**

Date Description	Charges	Pmts/Adjs	Patient Balance
<b>Patient: Shashidhara Sreenivasa</b> <b>Visit Type: Emergency</b> <b>Location: Stanford Hospital</b>		<b>Acct#: 40000945022</b> <b>Status: Due Upon Receipt</b>	
<b>10/20/2023</b>			
CT Scan - General Classification	\$5,981.01		
Emergency Room - General Classification	\$9,544.00		
IV Therapy - General Classification	\$1,253.00		
Laboratory - General Classification	\$2,418.00		
Pharmacy - General Classification	\$226.60		
Pharmacy - Single Source Drug	\$1,393.27		
<b>10/25/2023</b>			
Nonbillable Adj - Blue Cross/Blue Shield (Out of State)		\$-85.00	
Nonbillable Adj - Blue Cross/Blue Shield (Out of State)		\$-0.01	
Contractual Adj - Blue Cross/Blue Shield (Out of State)		\$-11,094.85	
<b>11/21/2023</b>			
HB Insurance Lockbox Pmt - Blue Cross/Blue Shield (Out of State)		\$-7,508.81	
Contractual Adj - Blue Cross/Blue Shield (Out of State)		\$-0.02	
<b>Totals</b>	<b>\$20,815.88</b>	<b>\$-18,688.69</b>	<b>\$2,127.19</b>
<b><u>Patient Responsibility</u></b>			<b><u>\$2,127.19</u></b>
<b><u>Balance Due</u></b>			<b><u>\$2,127.19</u></b>





## Financial Assistance Policy – Plain Language Summary

### **Financial Assistance**

Stanford offers financial assistance, under its Financial Assistance Policy, to eligible patients unable to pay for emergency or other medically necessary care. An individual that is eligible for financial assistance cannot be charged more than the amounts generally billed for emergency or other medically necessary care. In fact, Stanford exceeds this standard and covers financial assistance 100%. Patients who choose Stanford benefit from our track record of outstanding quality, compassion, and care coordination, along with the most advanced and leading-edge medical care available. “Stanford” includes Stanford Health Care and Stanford Health Care - Tri-Valley.

### **Eligibility Requirements**

Stanford is committed to providing financial assistance to qualified low-income patients and patients who have insurance that requires the patient to pay a significant portion of their care.

Patients seeking financial assistance must comply with the Financial Assistance application process. During the application process you will be asked to provide information regarding your insurance coverage or other sources of payment, monthly income, household size, and other information that will assist Stanford with determining your eligibility for Financial Assistance. This includes submitting the patient’s W-2 statement, current pay stubs, bank statements or last year’s income tax return, and completing the application process for all available sources of assistance, including state subsidized care (Medi-cal). You are responsible for providing required information in a timely manner. After you submit the application, the hospital will review the information and notify you in writing regarding your eligibility.

If your yearly income is less than or equal to 400% of the current Federal Poverty Guideline, you may not have to pay your bill. Federal Poverty Guidelines can be found at: <https://aspe.hhs.gov/poverty-guidelines>.

Expenses such as travel, food, lodging, and durable medical equipment are not covered under Financial Assistance.

Stanford will uphold the confidentiality and dignity of each patient. Any information submitted for consideration of financial assistance will be treated as protected health information under the Health Insurance Portability and Accountability Act (HIPAA).

### **How to Apply for Assistance**

The patient or any person involved in the care of the patient, including a family member or provider, can express financial concerns at any point. To qualify for financial assistance, an application must be submitted. You can apply for assistance with your bill in person, by mail, or online at <https://myhealth.stanfordhealthcare.org/>. In some cases, you may presumptively receive assistance from Stanford without applying.

### **Where to Obtain Documents**

Stanford Financial Assistance Policy, Financial Assistance Application, and Plain Language Summary are available free of charge. These documents can be accessed in multiple languages online, by phone or in person. We will also assist you with translation to other languages, if needed.

To request assistance with the application process or to obtain or pick up free copies of any Financial Assistance document, please visit or contact us at:

<p><b>Stanford Health Care</b> 500 Pasteur Lane Palo Alto, CA 94303</p> <p><b>Customer Service Billing</b> Phone: (800) 549-3720 M-F 9:00AM - 5:00 PM</p> <p><a href="http://www.stanfordhealthcare.org/financialassistance">www.stanfordhealthcare.org/financialassistance</a></p>	<p><b>Stanford Health Care – Tri-Valley</b> 5555 W Las Positas Blvd Pleasanton, CA 94588</p> <p><b>Customer Service Billing</b> Phone: (800) 549-3720 M-F 9:00AM - 5:00 PM</p> <p><a href="https://stanfordhealthcare.org/tri-valley/patients-and-visitors/financial-assistance.html">https://stanfordhealthcare.org/tri-valley/patients-and-visitors/financial-assistance.html</a></p>
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**Collection Activities**

Stanford may employ reasonable collection efforts to obtain payment from patients. General collection activities may include issuing patient statements, phone calls, and referral of statements that have been sent to the patient or guarantor. Bills that are not paid 180 days after the first billing date may be placed with a collection agency. Stanford or collection agencies will not engage in any extraordinary collection actions (as defined by the SHC Debt Collection Policy and SHC – Tri-Valley Debt Collection Policy).

To obtain a free copy of the SHC Debt Collection Policy, please visit:  
[www.stanfordhealthcare.org/financialassistance](http://www.stanfordhealthcare.org/financialassistance)

To obtain a free copy of the SHC – Tri-Valley Debt Collection Policy, please visit:  
<https://stanfordhealthcare.org/tri-valley/patients-and-visitors/financial-assistance.html>

*Last Updated: September 2023*

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**Hospital Bill Complaint Program**

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to [HospitalBillComplaintProgram.hcai.ca.gov](http://HospitalBillComplaintProgram.hcai.ca.gov) for more information and to file a complaint.

Note: Authority cited: Section 127010, Health and Safety Code. Reference: Sections 127405 and 127410, Health and Safety Code. Hospital Bill Complaint Program Notice: Section 96051.3.

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## Language Assistance at Stanford Health Care

<b>English:</b>	ATTENTION: If you need help in your language, please call 650-723-4000 or visit any Stanford Health Care location, or call 925-447-7000 or visit any Stanford Health Care Tri-Valley location. Interpretation services are available 24/7. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats are also available. TTY phones are also accessible. These services are free.
<b>Arabic:</b>	انتباه: إذا كنت بحاجة إلى مساعدة في لغتك، فيرجى الاتصال ٦٥٠-٧٢٣-٤٠٠٠ أو زيارة أي موقع ستانفورد للرعاية الصحية، أو يرجى للرعاية الصحية في منطقة تراسي فالي. خدمات الترجمة أو زيارة أي موقع من مواقع ستانفورد ٩٢٥-٤٤٧-٧٠٠٠ الاتصال برقم والخدمات للأشخاص ذوي الإعاقة، مثل الوثائق المكتوبة بطريقة برايل، والمطبوعات الشفوية متوفرة ٧/٢٤. تتوفر أيضاً المساعدات إمكانية الوصول أيضاً إلى هواتف المبرقة الكاتبة. الصوتية، وتوفر إمكانية الوصول إلى الصيغ الإلكترونية الأخرى الكبيرة، والملفات هذه الخدمات مجانية. (TTY).
<b>Hindi:</b>	ध्यान दें: यदि आपको अपनी भाषा में सहायता चाहिए, तो कृपया 650-723-4000 पर कॉल करें या किसी स्टैनफोर्ड हेल्थ केयर लोकेशन पर जाएँ, या 925-447-7000 पर कॉल करें या किसी स्टैनफोर्ड हेल्थ केयर ट्राई-वैली लोकेशन पर जाएँ। इंटरप्रेटेशन सेवाएँ 24/7 उपलब्ध हैं। विकलांग लोगों के लिए सहायता और सेवाएँ, जैसे ब्रेल, बड़े प्रिंट, ऑडियो और अन्य सुलभ इलेक्ट्रॉनिक प्रारूप में दस्तावेज़ उपलब्ध हैं। TTY फोन भी सुलभ हैं। ये सेवाएँ निःशुल्क हैं।
<b>Chinese (Simplified):</b>	请注意: 如需语言协助, 请致电 650-723-4000 或前往任何斯坦福医疗中心 (Stanford Health Care) 就诊点, 也可致电 925-447-7000 或前往任何斯坦福三谷医疗中心 (Stanford Health Care Tri-Valley) 就诊点。口译服务全天 24 小时提供。残障人士可获得相应的辅助和服务, 如盲文文件、大字印刷文件、音频文件和其他无障碍电子格式文件, 听障人士可使用文字电话 (TTY)。以上服务均免费。
<b>Chinese (Traditional):</b>	請注意: 如果需要語言協助, 請撥打 650-723-4000 或造訪任何斯坦福醫療中心 (Stanford Health Care) 院所, 或撥打 925-447-7000 或造訪任何斯坦福醫療三谷醫療中心 (Stanford Health Care Tri-Valley) 院所。我們全天候提供口譯服務, 全年無休, 也提供其他殘障相關服務, 如點字文件、大字文件、語音服務, 也可以用其他無障礙電子格式呈現資訊, 並提供聽力障礙輔助通話服務。這些服務盡皆免費。
<b>Dari:</b>	توجه: اگر به زبان خود احتیاج به کمک دارید، لطفاً به تلفون ٦٥٠٧٢٣-٤٠٠٠ تماس بگیرید یا از هر مکان مراقبت بهداشتی استنفورد دیدن کنید، یا به تلفون ٩٢٥ ٤٤٧-٧٠٠٠ تماس بگیرید یا به هر منطقه ای از تراسی ولی مراجعه کنید. خدمات ترجمه در هر ساعت از شبانه روز ٢٤ ساعته در دسترس است. وسایل و خدمات برای اشخاص که ناتوانی های جسمی مثلاً سند ها به خط بریل، کلمات چاپ کلان، صدا، و باقی فرمت های الکترونیک، قابل دسترس وجود است. تلفن های تایپی نیز قابل دسترس میباشد. این خدمات مفت و رایگان هستند.
<b>Farsi:</b>	توجه: اگر به زبان خود نیاز به کمک دارید، لطفاً با شماره ٦٥٠٧٢٣-٤٠٠٠ تماس بگیرید یا به هر مکان مراقبت بهداشتی استنفورد مراجعه کنید، یا با شماره ٩٢٥ ٤٤٧-٧٠٠٠ تماس بگیرید یا به هر مکانی از تراسی ولی مراجعه کنید. خدمات ترجمه در هر ساعت از شبانه روز ٢٤ ساعته در دسترس است. وسایل و خدمات برای افراد که ناتوانی های جسمی مانند اسناد به خط بریل، حروف چاپ بزرگ، صدا، و سایر فرمت های الکترونیک قابل دسترس، موجود هستند. تلفن های تایپی نیز قابل دسترس میباشد. این خدمات رایگان است.
<b>French (France):</b>	ATTENTION: Si vous avez besoin d'aide dans votre langue, veuillez appeler le 650-723-4000 ou vous rendre dans n'importe quel établissement Stanford Health Care, ou bien appeler le 925-447-7000 ou vous rendre dans n'importe quel établissement Stanford Health Care Tri-Valley. Des services d'interprétation sont disponibles 24 heures sur 24 et 7 jours sur 7. Des aides et des services pour les personnes handicapées, tels que des documents en braille, en gros caractères, en format audio et en d'autres formats électroniques accessibles sont également disponibles. Les téléphones ATS sont également accessibles. Ces services sont gratuits.

## Language Assistance at Stanford Health Care

<b>Korean:</b>	<p><u>주의:</u> 귀하의 언어로 도움이 필요하신 경우 650-723-4000 으로 전화를 하시거나 스탠퍼드 헬스케어 어느 시설이라도 방문해 주십시오. 또는 925-447-7000 으로 전화를 하시거나 스탠퍼드 헬스케어 트라이 밸리 어느 시설이라도 방문해 주십시오. 통역 서비스는 하루 24 시간 7 일 내내 제공됩니다. 브라우 점자로 된 문서, 글씨가 더 크게 나온 프린물, 음성 및 다른 편리한 전자 방식 등으로 장애를 갖고 계신 분을 위한 도움 및 서비스가 마련되어 있습니다. 텔레타이프라이터 전화기도 마련되어 있습니다. 이러한 서비스들은 무상으로 제공됩니다.</p>
<b>Portuguese (Brazilian):</b>	<p>ATENÇÃO: Se precisar de ajuda no seu idioma, por favor, ligue para 650-723-4000 ou visite qualquer local do Stanford Health Care, ou ligue para 925-447-7000 ou visite qualquer local do Stanford Health Care Tri-Valley. Serviços de interpretação estão disponíveis 24 horas por dia, 7 dias por semana. Auxílios e serviços para pessoas com deficiências, como documentos em braille, impressão ampliada, áudio e outros formatos eletrônicos acessíveis, também estão disponíveis. Telefones TTY também estão disponíveis para utilização. Estes serviços são gratuitos.</p>
<b>Portuguese (European):</b>	<p>ATENÇÃO: Se precisar de assistência no seu idioma, por favor, ligue para 650-723-4000 ou visite qualquer local do Stanford Health Care, ou ligue para 925-447-7000 ou visite qualquer local do Stanford Health Care em Tri-Valley. Serviços de interpretação estão disponíveis 24 horas por dia, 7 dias por semana. Auxílios e serviços para pessoas com deficiências, tais como documentos em braille, impressão ampliada, áudio e outros formatos eletrônicos acessíveis, também estão disponíveis. Os telefones TTY também estão disponíveis para utilização. Estes serviços são gratuitos.</p>
<b>Russian:</b>	<p>ВНИМАНИЕ! Если вам необходима помощь на вашем языке, вы можете позвонить по телефону 650-723-4000 или посетить любое лечебное учреждение Стэнфордской медицинской системы (SHC). Вы также можете позвонить по телефону 925-447-7000 или посетить любое лечебное учреждение Стэнфордского медицинского центра Трай-Вэлли (SHC – Tri-Valley). Переводческие услуги предоставляются круглосуточно, семь дней в неделю. Средства доступа и услуги для лиц с ограниченными возможностями, такие как документы на языке Брайль, крупный шрифт, аудио и другие доступные форматы, предоставляются по требованию. Для глухих и слабослышащих при необходимости доступен телетайп (TTY). Эти услуги предлагаются бесплатно.</p>
<b>Spanish:</b>	<p>ATENCIÓN: Si necesita ayuda en su idioma, llame al 650-723-4000 o visite una de las ubicaciones de Stanford Health Care; o bien, llame al 925-447-7000 o visite una de las ubicaciones de Stanford Health Care Tri-Valley. Los servicios de interpretación están disponible las 24 horas del día, los 7 días de la semana. También contamos con servicios y artículos para personas con discapacidad, como documentos en braille, letra grande, audio y otros formatos electrónicos de fácil acceso, así como teletipo telefónico (dispositivos TTY). Estos servicios son gratuitos.</p>
<b>Tagalog:</b>	<p>ATTENTION: Kung kailangan mo ng tulong sa iyong wika, mangyaring tumawag sa 650-723-4000 o bumisita sa anumang lokasyon ng Stanford Health Care, o tumawag sa 925-447-7000 o bumisita sa anumang lokasyon ng Stanford Health Care Tri-Valley. Available ang mga serbisyo ng pagsasalin 24/7. Available din ang mga tulong at serbisyo para sa mga taong may mga kapansanan, tulad ng dokumento sa braille, malalaking print, audio, at iba pang naa-access na elektronikong format. Naa-access din ang mga TTY na telepono. Libre ang mga serbisyo ng ito.</p>
<b>Vietnamese:</b>	<p>LƯU Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 650-723-4000 hoặc đến bất kỳ địa điểm nào của Stanford Health Care, hoặc gọi 925-447-7000 hoặc đến bất kỳ địa điểm nào của Stanford Health Care Tri-Valley. Dịch vụ thông dịch được cung cấp 24/7. Hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi, chữ in lớn, âm thanh và các định dạng điện tử để tiếp cận khác cũng có sẵn. Điện thoại TTY cũng có thể truy cập được. Những dịch vụ này là miễn phí.</p>