

#### myEasyMatch: 72M-BYD-P2K

We understand that as a result of COVID-19 crisis your financial situation may have changed. We are here to help you during this challenging time. Please contact us if you have difficulty paying your outstanding balance and we will discuss the options that are available to you.

Thank you for trusting Dignity Health with your healthcare needs.

#### SUMMARY OF SERVICES

STATEMENT DATE 03-20-2023

GUARANTOR NAME RAJVEE MODI

WID# K50463500

Additional WID numbers are available on the reverse side of this statement for portal login

0

TOTAL PHYSICIAN CHARGES

\$370.00

INSURANCE PAYMENTS

-\$350.00

PATIENT PAYMENTS

\$0.00

#### PAYMENT OPTIONS



For QUESTIONS or to arrange financial assistance:

(866) 803-1774

M-TH 8AM-7PM PT; F 8AM-5PM PT

\$20.00

#### PAYMENT DUE UPON RECEIPT

WAYS TO PAY...

Visit https://dignityhealth.mysecurebill.com



Call (866) 803-1774



By mail, return stub

#### Important Information

This statement reflects the total charges for the care you recently received from us, including the amount covered by your insurance and any balance that may be due. If you have questions regarding your coverage or how your benefits were applied please contact your insurance company directly. If your insurance information requires updating, please contact our Customer Service Department at (866) 803-1774.

Please remit your payment in full within 14 days or contact Customer Service for payment arrangements. If you need help paying your bill, please contact Customer Service, to request an application for Financial Assistance.

Correspondence

To Make Payment

Written correspondence, including address changes, should be on a separate sheet of paper and sent to the following address: 3400 Data Drive, Rancho Cordova, CA 95670

**ATTN: Patient Account Services.** 

Do not include with your payment

By Web: https:// dignityhealth.mysecurebill.com By Phone: (866) 803-1774

By Mail:

MERCY MEDICAL GROUP PO BOX 748896 LOS ANGELES, CA 90074-8896 DESCRIPTION

AMOUNT

Total Charges \$370.00
Insurance Payments -\$350.00

Insurance Adjustments \$0.00
Patient Payments \$0.00

Patient Adjustments \$0.00

Total Amount Due \$20.00

PLEASE SEE REVERSE SIDE FOR CHARGE DETAILS If paying by check, please include your invoice number(s) located on the back of this remit coupon on the check.



Please return bottom portion with your payment enclosed.

## Dignity Health Medical Foundation.

UNDELIVERABLE MAIL ONLY Statement Date: 03-20-2023 14141 SOUTHWEST FREEWAY, SUITE 300 SUGARLAND, TX 77478

If there is new insurance information, change of address, or errors, please contact us at (866) 803-1774

Irpropriet MODI
4041 SALT POINT WAY
RANCHO CORDOVA, CA 95742-6640

GUARANTOR NAME

RAJVEE MODI

WID NUMBER

DUE

DATE

K50463500

Upon Receipt

AMOUNT

\$20.00

DUE

PAYMENT ENCLOSED



WAYS TO PAY... Scan the QR Code at left Call (866) 803-1774 Visit https://dignityhealth.mysecurebill.com Use invoice number for Auto Bill Pay

MERCY MEDICAL GROUP PO BOX 748896 LOS ANGELES, CA 90074-8896

# Dignity Health Medical Foundation.

Thank you for choosing Mercy Medical Group for your healthcare needs. Quality of patient care and dedication to patient satisfaction are our highest priorities.



#### **Account Summary**

\$12.77 \$295.02 \$0.00
\$12.77
\$371.00
631214-QCSH1
TUSHAR GANDHI
Upon Receipt
January 28, 2024

SEE BACK FOR DETAILS ->

### Important Message

The balance shown is your responsibility. Set up a payment plan, pay in full, or add or update insurance on our patient portal.

Go green! Sign up for paperless billing

#### Insurance Information

Primary Ins.	PRIMARY INSURANCE
Primary Policy No	XXXXXXXXX

#### **Payment & Support Options**

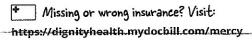
Visit https://dignityhealth.mydocbill.com/mercy to pay your bill, update insurance, or send a message to a Patient Bill Care™

Specialist. Use account number: 631214-QCSH1

Pay by phone: **(877) 433-5983** (24 hours a day)

Billing questions: **(877) 427-7060** (Mon-Fri, 8:00 AM-4:00 PM)

Pay by mail: PO BOX 748896, LOS ANGELES, CA 90074-8896
Please detach and return lower portion with your payment or include your account number: 631214-QCSH1





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Do not remit payment or correspondence to this address
Mercy Medical Group
PO BOX 1259 DEPT: #165956
OAKS PA 19456

Guarantor Name Invoice Number Billing Questions TUSHAR GANDHI

426354

(877) 427-7060

Upon Receipt \$63.21 631214-QCSH1

CHARGES AND CREDITS MADE AFTER
STATEMENT DATE WILL APPEAR ON
NEXT STATEMENT.

SHOW AMOUNT \$ PAID HERE

#### դիկայիլակություրինինին արևերինինի



TUSHAR GANDHI 4041 SALT POINT WAY RANCHO CORDOVA CA 75742-6640

#### MAKE CHECKS PAYABLE/REMIT TO: