








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 use.	
 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.

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

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. <i>Do not include with your payment</i>	By Web: https://dignityhealth.mysecurebill.com By Phone: (866) 803-1774 By Mail: MERCY MEDICAL GROUP PO BOX 748896 LOS ANGELES, CA 90074-8896

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.



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

GUARANTOR NAME	RAJVEE MODI		
WID NUMBER	K50463500	AMOUNT DUE	\$20.00
DUE DATE	Upon Receipt	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

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

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

Statement Date January 28, 2024
 Due Date Upon Receipt
 Guarantor TUSHAR GANDHI
 Account Number 631214-QCSH1

Total Charges \$371.00
 Adjustments \$12.77
 Insurance Payments \$295.02
 Your Payments \$0.00

Amount You Owe \$63.21

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.

Insurance Information

Primary Ins. PRIMARY INSURANCE
 Primary Policy No XXXXXXXXX

Missing or wrong insurance? Visit:
<https://dignityhealth.mydocbill.com/mercy>

Payment & Support Options

Go green! Sign up for paperless billing

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**

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



Guarantor Name **TUSHAR GANDHI**
 Invoice Number **426354**
 Billing Questions **(877) 427-7060**

DUE DATE	AMOUNT YOU OWE	ACCOUNT NO.
Upon Receipt	\$63.21	631214-QCSH1

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

SHOW AMOUNT \$ PAID HERE

MAKE CHECKS PAYABLE/REMIT TO:

Mercy Medical Group
 PO BOX 748896
 LOS ANGELES CA 90074-8896



TUSHAR GANDHI
 4041 SALT POINT WAY
 RANCHO CORDOVA CA 95742-6640

0042635400006321000000631214CSH13

<https://dignityhealth.mydocbill.com/mercy>

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