

**NORTHSIDE  
HOSPITAL**

PO BOX 100062 ATLANTA, GA 30348-0062  
RETURN SERVICE REQUESTED

**Hospital Billing Statement**

83



**ASHISH TIWARI**  
4102 CYPRESS CT  
ALPHARETTA GA 30005-3559

**Bill Summary**

Guarantor Name: ASHISH TIWARI  
Corporate Id: 06062867  
Statement Date: 12/17/2023

Total Charges: \$117,498.50  
Insurance Payments & Adjustments: -\$110,400.75  
Patient Payments & Adjustments: -\$1,489.04  
Insurance Pending: \$1,241.00

**Amount Due: \$4,367.71**

**DUE UPON RECEIPT**

**\$4,367.71**

**Ways To Pay**



**Pay Online**

Visit: [www.northsidewallet.com](http://www.northsidewallet.com)  
Enter SecureHealthCode: **K8M-98F-1B7**



**Pay by Phone**

Call: **404-851-6500**  
Enter SecureHealthCode: **586-983-127**



**Pay by Mail**

Complete the form below and return in the enclosed envelope. Make check payable to **Northside Hospital**

**Payment Options**

Learn more about the following options on the back of this page, or visit [www.northsidewallet.com](http://www.northsidewallet.com)

- Payment Plans
- Financial Assistance

**Have Questions?**

Call: **404-851-6500**  
Hours: Mon-Fri 8:00am - 4:00pm  
Chat: [www.northsidewallet.com](http://www.northsidewallet.com)

**Flip Page →**



*Paying With Check? Detach and return lower portion with payment*

**Do not send Northside Hospital payments with language such as Paid in Full, Without Recourse or similar language. Northside Hospital may accept it without losing any of the Hospital's rights to collect for services and you will remain obligated to pay any further amounts owed to the hospital.**

Name: ASHISH TIWARI  
Account Number: 06062867  
Secure Health Code: K8M-98F-1B7

**Amount Due: \$4,367.71**

*If paying by check, make payments to:*

**NORTHSIDE HOSPITAL**  
PO BOX 100060  
ATLANTA, GA 30348-0060

Payment Included \$

0570975590073311 0004367710



# NORTHSIDE HOSPITAL

P.O. BOX 101757  
ATLANTA, GEORGIA 30392-1757  
(404) 851-6500

FED. TAX NO. 58-1954432

F/C	PT. TYPE	TYPE OF BILL	DATE OF BILL	PAGE NO
2	ERL	D1	10/30/23	1

WHEN REFERRING TO THIS ACCOUNT,  
PLEASE USE ACCOUNT NUMBER

PATIENT NAME <b>ASHISH TIWARI</b>	ADMISSION DATE 10/24/23	DISCHARGE DATE 10/25/23	ACCOUNT NUMBER 2325300802
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INSURANCE COMPANY NAME (S)  
400590 AETNA CHOICE POS II

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ASHISH TIWARI  
4102 CYPRESS CT  
ALPHARETTA GA

30005-3559

POSTING DATE	SERVICE CODE	ORDER NUMBER	SERVICE DESCRIPTION	QUANTITY	TOTAL CHARGE
10/24/23	HMM 6636	5 ***255	ISOVUE 300 PER ML (100ML) DRUGS/INCIDENT RAD	100	278.00 278.00
10/24/23	ERD 39782	23	IV PUSH INITIAL DRUG.	1	542.00
10/24/23	ERD 51846	24	IV PUSH EACH ADDITIONAL NEW D	2	1,022.00
10/24/23	ERD 58832	25	IV PUSH EACH ADD SAME DRUG-59	1	511.00
10/25/23	ERD 58832	26 ***260	IV PUSH EACH ADD SAME DRUG-59 IV THERAPY	1	511.00 2,586.00
10/24/23	LAB 1291	1	VENIPUNCTURE.	1	49.00
10/24/23	LAB 2478	20 ***300	RBC ANTIBODY SCREEN LABORATORY or (LAB)	1	372.00 421.00
10/24/23	LAB 40423	15	DRUG TEST, DEF. 1-7 ANALYTES	1	488.00
10/24/23	LAB 43031	14 ***301	CHEM 7 (BMP) LAB/CHEMISTRY	1	403.00 891.00
10/24/23	LAB 47065	18	ABO TYPE	1	168.00
10/24/23	LAB 47068	19 ***302	RH, DU TESTING LAB/IMMUNOLOGY	1	156.00 324.00
10/24/23	LAB 40025	11	CBC	1	186.00
10/24/23	LAB 40110	13	PROTIME	1	39.00
10/24/23	LAB 40115	12 ***305	PTT LAB/HEMATOLOGY	1	59.00 284.00
10/24/23	CXR 5611	2	XR CHEST 1 VIEW	1	602.00
10/24/23	CXR 7220	3	XR PELVIS 1 OR 2 VIEWS	1	555.00
10/24/23	CXR 7307	4	XR ANKLE 2 VIEWS	1	546.00
10/24/23	CXR 7308	21 ***320	XR ANKLE 3 VIEWS DX X-RAY	1	710.00 2,413.00

Continued

THANK YOU

ACCOUNT BALANCE ▶



Please see the reverse side for  
information regarding your hospital bill.

PHYSICIANS PROVIDING SERVICES TO PATIENTS AT NORTHSIDE HOSPITAL ARE NOT AGENTS OR EMPLOYEES OF THE HOSPITAL BUT ARE INDEPENDENT PRACTITIONERS IN THE PRIVATE PRACTICE OF MEDICINE, AS SUCH, THEY USE THEIR OWN PROFESSIONAL JUDGEMENT IN DIAGNOSIS AND TREATMENT DECISIONS; THE HOSPITAL DOES NOT EXERCISE CONTROL OVER THEIR INDEPENDENT MEDICAL JUDGEMENT



# NORTHSIDE HOSPITAL

P.O. BOX 101757  
ATLANTA, GEORGIA 30392-1757  
(404) 851-6500

FED. TAX NO. 58-1954432

F/C	PT. TYPE	TYPE OF BILL	DATE OF BILL	PAGE NO.
2	ERL	D1	10/30/23	2

WHEN REFERRING TO THIS ACCOUNT,  
PLEASE USE ACCOUNT NUMBER

PATIENT NAME

ASHISH TIWARI  
INSURANCE COMPANY NAME (S)

ADMISSION DATE	DISCHARGE DATE	ACCOUNT NUMBER
10/24/23	10/25/23	2325300802

400590 AETNA CHOICE POS II

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ASHISH TIWARI  
4102 CYPRESS CT  
ALPHARETTA GA

30005-3559

POSTING DATE	SERVICE CODE	ORDER NUMBER	SERVICE DESCRIPTION	QUANTITY	TOTAL CHARGE
10/24/23	CXR 5198	6	CT HEAD (BRAIN) W/O CONTRAST	1	3,619.00
10/24/23	CXR 5207	8	CT FACIAL SINUS W/O CONTRAST	1	3,563.00
		***351	CT SCAN/HEAD		7,182.00
10/24/23	CXR 5192	7	CT C-SPINE W/O CONTRAST	1	4,095.00
10/24/23	CXR 5245	9	CT CHEST W/CONTRAST	1	4,621.00
10/24/23	CXR 8332	10	CT ABD-PELVIS W/CONTRAST	1	6,453.00
		***352	CT SCAN/BODY		15,169.00
10/24/23	ERD 1626		MINOR PROCEDURE	1	754.00
10/24/23	ERD 3079		LEVEL V VISIT	1	3,563.00
10/24/23	ERD 92588		TRAUMA TEAM NPHN - FULL EMERG ROOM	1	10,483.00
		***450			14,800.00
10/24/23	HMM 3500	16	MORPHINE SULFATE 4MG/ML 1ML S	1	105.00
10/24/23	HMM 6280	17	ZOFRAN 2MG/ML 2ML VIAL	4	94.50
10/25/23	HMM 3500	22	MORPHINE SULFATE 4MG/ML 1ML S	1	105.00
		***636	DRUGS/DETAIL CODE		304.50
10/24/23	ERD 1161	27	ADMIN IMMUNIZ/ TOXOID SQ OR I	1	135.00
		***771	Immunization Admn.		135.00
			TOTAL CHARGES		44,787.50
10/26/23	P1300	775	PATIENTCO CREDIT CARD PMT		-357.80
11/07/23	I1005	378	AETNA HMO PAYMENT		-3,747.20
11/07/23	I1005	378	AETNA HMO PAYMENT		-674.03
11/01/23	A0025	395	AETNA HMO ADJUSTMENT		-37,054.50
			TOTAL PAYMENTS/ADJUSTMENTS		-41,833.53

THANK YOU

ACCOUNT BALANCE ▶

2,953.97



Please see the reverse side for  
information regarding your hospital bill.

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Northside Sports Medicine Network  
 PO BOX 650292  
 DALLAS TX 75265-0292

RETURN SERVICE REQUESTED

1456

**ASHISH K TIWARI**  
 4102 CYPRESS CT  
 ALPHARETTA GA 30005-3559

Summary at a Glance

 <b>SERVICES &amp; CHARGES</b> <b>\$5,612.00</b>	 <b>PAYMENTS &amp; CREDITS</b> <b>-\$5,031.18</b>
Reflects transactions posted through 11/28/2023	



**PATIENTCO**  
Secure Payments

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To Pay Online, go to  
[www.GoPatientco.com](http://www.GoPatientco.com)

Then enter this  
 SecureHealthCode **XEA-DJ9-6UE**

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To Pay by Phone, call  
**678-223-7932**

Then enter this  
 SecureHealthCode **932-359-683**






**DUE BY DEC 23 2023**

\$580.82




**Your Benefits Overview**

Details Benefits provided to **ASHISH K TIWARI**

Date	Description	Amount
10/31/23	 Zaman - OFFICE O/P NEW	\$663.00
11/16/23	 Aetna Payment	-\$315.42
11/16/23	 Insurance Contractual Adj	-\$268.73
10/31/23	 Zaman - X-RAY ANKLE 2 V	\$100.00
11/16/23	 Aetna Payment	-\$47.78
11/16/23	 Insurance Contractual Adj	-\$40.27
1/06/23	 Zaman - OPN TX TRIML AN	\$2,679.00
1/24/23	 Aetna Payment	-\$1,393.25

This balance is due upon receipt. All balances listed have been billed to the insurance carrier provided and remaining balance is patient responsibility. When paying from your online checking account via a bank portal, please always use the account number listed on the statement to ensure your payment is posted to the correct account.


  
 With Check?  
 Please return  
 lower portion  
 with payment  
 enclosed.

XEA-DJ9-6UE

<b>Name</b>	<b>A. K TIWARI</b>
Account Number	6062867-N16
<b>BALANCE DUE</b>	<b>\$580.82</b>
Payment Included \$	_____

*If paying by check, make payable to:*

**NORTHSIDE SPORTS MEDICINE NETWORK**  
 PO BOX 650292  
 DALLAS TX 75265-0292



0942163114685181 0000580821

NORTH ATLANTA ANESTHESIA PROFESSIONALS LLC  
 PO BOX 931567  
 ATLANTA GA 31193-1567  
 RETURN SERVICE REQUESTED

For Inquires call (855) 709-4535  
 Para ayuda en Espanol, por favor llamar al (866)909-3109  
 Office hours Mon-Fri, 8:00am-6:00pm EST. Pay online at  
<http://www.patientnotebook.com/northatlanta>

Stmt ID#: 1461105153



172346 - 2288



0027 007305

ASHISH KUMAR TIWARI  
 4102 CYPRESS CT  
 ALPHARETTA GA 30005-3559

IF PAYING BY VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW.

VISA  MASTERCARD  DISCOVER  AMER. EXP.

CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE		MUST INCLUDE 3 OR 4 DIGIT SECURITY CODE FROM FRONT (AMER. EXP) OR BACK OF CARD

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
1/12/2024	\$240.25	1142 6617608
DUE DATE	SHOW AMOUNT PAID HERE \$	
1/27/2024		

MAKE CHECKS PAYABLE / REMIT TO:

NORTH ATLANTA ANESTHESIA PROFESSIONALS LLC  
 PO BOX 931567  
 ATLANTA GA 31193-1567



Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

**STATEMENT**

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

Patient Name: **ASHISH KUMAR TIWARI**

**NORTH ATLANTA ANESTHESIA PROFESSIONALS LLC**

Primary Ins: **AETNA**  
 Secondary Ins:

DATE	CODE	DESCRIPTION	CHARGES	CREDITS	BALANCE
11/06/2023	27822	TREATMENT OF ANKLE FRACTURE	1419.00		94.83
11/30/2023		Insurance Payment Primary		379.32	
11/30/2023		Insurance Adjustment		944.85	
11/06/2023	27822	TREATMENT OF ANKLE FRACTURE	1408.00		94.83
11/30/2023		Insurance Payment Primary		379.32	
11/30/2023		Insurance Adjustment		933.85	
11/06/2023	64447	N BLOCK INJ FEM SINGLE	376.00		27.33
11/30/2023		Insurance Payment Primary		109.32	
11/30/2023		Insurance Adjustment		239.35	
11/06/2023	64450	N BLOCK OTHER PERIPHERAL	319.00		9.50
11/30/2023		Insurance Payment Primary		37.99	
11/30/2023		Insurance Adjustment		271.51	
11/06/2023	76942	ULTRASOUND GUIDED PROCEDURE	628.00		13.76
11/30/2023		Insurance Payment Primary		55.04	
11/30/2023		Insurance Adjustment		559.20	

Office hours Mon-Fri, 8:00am-6:00pm EST. Pay online at <http://www.patientnotebook.com/northatlanta>

Pay with your smartphone in seconds!  
 Search Papaya Payments in the App Store

or pay online at  
[www.ppaya.com/pay](http://www.ppaya.com/pay)



**DUE FROM PATIENT**  
 \$240.25

Your account balance is overdue at this time. The overdue balance indicated is your responsibility. If you have insurance please call your insurance carrier regarding the non-payment of your claim and notify us of their response. Please remit the balance in full within 30 days of receipt of this invoice or you may call our office at 855-709-4535 to inquire about various payment options and financial assistance programs.

Statement Date: 1/12/2024  
 Due Date: 1/27/2024  
 Acct #: 1142 6617608

**STATEMENT**  
 SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

172346-2288-21372138



PO Box 660852 | Dallas TX 75266-0852

### Summary of Charges

Statement Date	11/19/2023
Account Number	D7974956
Patient Name	ASHISH TIWARI
Payments and Adjustments	-\$304.60
Due Date	Upon Receipt
<b>Amount Due</b>	<b>\$30.44</b>

*Handwritten notes:*  
 pay via 15A Account  
 (with a smartphone icon)

**AMOUNT DUE**  
**\$30.44**

### Payment Plans

You can now set-up and manage payment plans online!



[PersonaPay.com/DJO](https://PersonaPay.com/DJO)

### Manage Your Account



**Online Bill Pay**  
 Make a fast, secure one-time payment today!  
[PersonaPay.com/DJO](https://PersonaPay.com/DJO)



**Chat Feature or Talk to a Live Agent**  
 Chat with us at [PersonaPay.com/DJO](https://PersonaPay.com/DJO) or call 1-888-225-4398 Office Hours: M-F 8:00 AM - 5:30 PM CST



**Enroll For Text Notifications**  
 A friendly reminder that your statement is on the way!  
 Enroll today at [PersonaPay.com/DJO](https://PersonaPay.com/DJO)

**Mobile Quick Pay**

Make an instant payment by using the camera on your smartphone!



PO Box 660852 | Dallas TX 75266-0852

### Patient Statement

**i** For help with billing questions, please use our chat feature at [PersonaPay.com/DJO](https://PersonaPay.com/DJO) or call us at 1-888-225-4398 Office Hours: M-F 8:00 AM - 5:30 PM CST

ADDRESSEE:



ASHISH TIWARI  
 4102 CYPRESS CT  
 ALPHARETTA GA 30005-3559

Patient Name: ASHISH TIWARI  
 Account Number: D7974956  
 Due Date: Upon Receipt  
 Amount Due: **\$30.44**

**Make a one-time payment today!**  
[PersonaPay.com/DJO](https://PersonaPay.com/DJO)

MAKE CHECKS PAYABLE AND REMIT TO:



DJO, LLC  
 PO Box 660852  
 Dallas TX 75266-0852

0000079749560000000030445

Check if address/insurance changes are on back



NS Trauma Surgical Spec  
 PO BOX 100062  
 ATLANTA GA 30348-0062

RETURN SERVICE REQUESTED

4174

**ASHISH TIWARI**  
 4102 CYPRESS CT  
 ALPHARETTA GA 30005-3559

Summary at a Glance

 <b>SERVICES &amp; CHARGES</b> <b>\$127.00</b>	 <b>PAYMENTS &amp; CREDITS</b> <b>-\$111.63</b>
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Reflects transactions posted through 12/28/2023

**PATIENTCO**  
 Secure Payments

To Pay Online, go to  
[www.GoPatientco.com](http://www.GoPatientco.com)

Then enter this  
 SecureHealthCode **366-1Q8-8UT**

To Pay by Phone, call  
**678-223-7932**

Then enter this  
 SecureHealthCode **766-178-888**

**DUE BY JAN 22 2024**

**\$15.37**



**Your Benefits Overview**

Details Benefits provided to **ASHISH TIWARI**

Date	Description	Amount
10/24/23	 Lewis - ED VISIT SF MDM	\$127.00
11/15/23	 Aetna Payment	-\$61.46
11/15/23	 Insurance Contractual Adj	-\$50.17

Please note secondary insurance is filed as a courtesy. Balances not paid by the secondary insurance within 45 days of secondary claim filing will be due from the patient.

**Balance \$15.37**

This is your second notice. The balance listed above is now past due. Call the number listed above to make a payment. If you have recently made a payment, please disregard this notice. When paying from your online checking account via a bank portal, please always use the account number listed on the statement to ensure your payment is posted to the correct account.

  
 With Check?  
 Please return  
 lower portion  
 with payment  
 enclosed.

S66-1Q8-8UT

Name **A. TIWARI**  
 Account Number **6062867-N16**

**BALANCE DUE \$15.37**

Payment Included \$ \_\_\_\_\_

If paying by check, make payable to:

**NS TRAUMA SURGICAL SPEC**  
 PO BOX 100060  
 ATLANTA GA 30348-0060



0794744276082776 0000015370

# Resurgens Roswell

1285 Hembree Road  
Suite 200-A  
ROSWELL, GA, 30076-5720  
(770) 475-2710

Approval code: 800016  
Record number: 3369190  
Trace number: 032104  
Transaction reference number: 1222141425 CONTACTLESS  
Transaction identifier: 009397994077072  
Application Label: AMERICAN EXPRESS  
TC: 4EABEC696EFAB258  
TVR: 0000008000  
AID: A000000025010801

Transaction type: PURCHASE  
Date/time: 12/22/2023 09:14 AM EST  
Type: American Express  
Account number: XXXXXXXXXXXX1009  
Cardholder name: ASHISH TIWARI  
Patient identifier: 127278555

Subtotal: 70.99  
Sales Tax: 0.00

Total: 70.99

(customer copy)

## RESURGENS ORTHOPAEDICS, PC

*please send payments to:*  
RESURGENS PC  
PO BOX 21068  
BELFAST, ME 04915-4107  
*billing phone: 404-847-9999*

*department of service:*  
RES\_Roswell  
1285 HEMBREE RD STE 200A  
ROSWELL, GA 30076-4995  
*dept phone: (770) 475-2710*

*printed*  
12/22/2023 09:14  
AM

GUARANTOR NAME AND ADDRESS  
ASHISH TIWARI  
4102 CYPRUS COURT  
ALPHARETTA, GA 30005

PATIENT #	PATIENT NAME	PROVIDER	DATE	DEPARTMENT
127278555	ASHISH TIWARI	JEFFREY ALBERT, MD	12/22/2023	RES_Roswell
DOB.	TELEPHONE	CURRENT INSURANCE	CERTIFICATE#	AUTH#
07/05/1979	(470) 818-7107	AETNA (POS II)	*****8209	

### PAYMENTS ON 12/22/2023

Post Date	Date of Service	Diagnosis Codes	Procedure Code	Original Insurance Plan	Supervising Provider	Reason For Payment	Method of Payment	Amount
12/22/2023				*SELF PAY* [0]		Payment for Todays Service	AMEX *****1009	\$70.99

Total Payment Amount

\$70.99

### UPCOMING APPOINTMENTS FOR RESURGENS ORTHOPAEDICS

Date	Time	Location	Provider	Appointment Type (Duration)
FRI, FEB 02, 2024	09:30 AM	RES_Roswell	JEFFREY ALBERT, MD	Recheck (15 min)





**NORTHSIDE HOSPITAL**

P.O. BOX 101757  
 ATLANTA, GEORGIA 30392-1757  
 (404) 851-6500

F/C	PT. TYPE	TYPE OF BILL	DATE OF BILL	PAGE NO.
2	OSF	D1	11/11/23	1

WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ACCOUNT NUMBER

PATIENT NAME <b>ASHISH TIWARI</b>	ADMISSION DATE 11/06/23	DISCHARGE DATE 11/06/23	ACCOUNT NUMBER 2331002756
INSURANCE COMPANY NAME (S) 400590 AETNA CHOICE POS II			

NAME & ADDRESS	ASHISH TIWARI 4102 CYPRESS CT ALPHARETTA GA 30005-3559		
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POSTING DATE	SERVICE CODE	ORDER NUMBER	SERVICE DESCRIPTION	QUANTITY	TOTAL CHARGE
11/06/23	HMM 3148	11	LYRICA (PREGABALIN) 75MG CAPS	1	29.50
11/06/23	HMM 4188	9	PEPCID 20MG TABLET	1	25.00
11/06/23	HMM 4869	18	ROXICODONE LIQUID 5MG/5ML 5ML	1	29.50
11/06/23	HMM 5254	6	FENTANYL CITRATE 100MCG/2ML V	1	105.00
11/06/23	HMM 6225	3	LIDOCAINE HCL PF 2% 5ML SYRG-	1	94.50
11/07/23	HMM 6667	20	PRECEDEX 80MCG/20ML VL	1	1,384.00
11/07/23	HMM 83	21	SODIUM CHLORIDE IRR 0.9% 1000	2	96.50
		***250	PHARMACY		1,764.00
11/06/23	HMM 27	2	LACTATED RINGERS 1000ML IV BA	1	208.00
11/06/23	HMM 27	14	LACTATED RINGERS 1000ML IV BA	1	208.00
		***258	IV SOLUTIONS		416.00
11/06/23	CDF 3733	33	ORTHOPEDIC DEVICE LVL 1	1	378.00
		***272	STERILE SUPPLY		378.00
11/06/23	CDF 1584	30	ANCHOR LVL VIII	1	7,280.00
11/06/23	CDF 3294	27	PLATE LEVEL 4	1	4,047.00
11/06/23	CDF 3428	24	SCREW LEVEL 2	1	288.00
11/06/23	CDF 3428	28	SCREW LEVEL 2	1	288.00
11/06/23	CDF 3428	31	SCREW LEVEL 2	1	288.00
11/06/23	CDF 3431	25	SCREW LEVEL 5	3	6,849.00
11/06/23	CDF 3431	26	SCREW LEVEL 5	1	2,283.00
11/06/23	CDF 3431	29	SCREW LEVEL 5	1	2,283.00
11/06/23	CDF 3431	34	SCREW LEVEL 5	1	2,283.00
11/06/23	CDF 3714	32	ALLOGRAFT AMNION LVL 3	1	9,444.00
		***278	SUPPLY/IMPLANTS		35,333.00
11/06/23	OFA 1354	35	OR LEVEL III 1ST 15 MIN	1	4,266.00
11/06/23	OFA 1355	36	OR LEVEL III ADDL 15 MIN	7	18,662.00
		***360	OR SERVICES		22,928.00

Continued

**THANK YOU**

ACCOUNT BALANCE ▶



Please see the reverse side for information regarding your hospital bill.

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**NORTHSIDE HOSPITAL**

P.O. BOX 101757  
 ATLANTA, GEORGIA 30392-1757  
 (404) 851-6500

F/C	PT. TYPE	TYPE OF BILL	DATE OF BILL	PAGE NO.
2	OSF	D1	11/11/23	2

WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ACCOUNT NUMBER

PATIENT NAME <b>ASHISH TIWARI</b>	ADMISSION DATE 11/06/23	DISCHARGE DATE 11/06/23	ACCOUNT NUMBER 2331002756
INSURANCE COMPANY NAME (S) 400590 AETNA CHOICE POS II			

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**ASHISH TIWARI**  
 4102 CYPRESS CT  
 ALPHARETTA GA 30005-3559

POSTING DATE	SERVICE CODE	ORDER NUMBER	SERVICE DESCRIPTION	QUANTITY	TOTAL CHARGE
11/06/23	ANF 1290	22	ANESTHESIA 1ST 15 MINUTES	1	1,306.00
11/06/23	ANF 1291	23	ANESTHESIA EA ADDITIONAL 15 M	7	3,262.00
		***370	ANESTHESIA		4,568.00
11/06/23	HMM 125	13	ACETAMINOPHEN 1000MG/100ML VL	100	94.50
11/06/23	HMM 1532	4	DEXAMETHASONE 10MG/ML 1MLVL P	10	94.50
11/06/23	HMM 1860	7	DIPRIVAN (PROPOFOL) 200 MG VL	20	105.00
11/06/23	HMM 2190	8	EXPAREL (BUPIV LIPO) 266MG/20	266	1,906.50
11/06/23	HMM 3826	12	PHENYLEPHRINE HCL 500MCG	1	94.50
11/06/23	HMM 4828	17	ROBAXIN 1000MG/10ML VIAL	1	170.00
11/06/23	HMM 6067	10	VERSED 2MG/2ML VIAL	4	210.00
11/06/23	HMM 6280	5	ZOFRAN 2MG/ML 2ML VIAL	4	94.50
11/06/23	HMM 6865	16	INJ HYDRMORPHONE UPTO 4MG (0.	1	105.00
11/06/23	HMM 7095	1	CEFAZOLIN 2GM DUPBAG 2GM/50ML	4	230.00
11/07/23	HMM 3219	19	SENSORCAINE (BUPIVACAINE) 0.5%	1	94.50
		***636	DRUGS/DETAIL CODE		3,199.00
11/06/23	OFA 6400	37	RECOVERY TIME (INITIAL 15 MIN	1	526.00
11/06/23	OFA 6401	38	RECOVERY TIME (EA ADDITIONAL 1	6	2,358.00
		***710	RECOVER ROOM		2,884.00
11/06/23	CXR 8153	15	C-ARM OR/GI 1-2 HRS PORTABLE	1	0.00
		***990	PT CONVENIENCE		0.00
			<b>TOTAL CHARGES</b>		<b>71,470.00</b>
11/07/23	P1300	642	PATIENTCO CREDIT CARD PMT		-1,131.24
11/27/23	I1005	527	AETNA HMO PAYMENT		0.00
11/27/23	I1005	527	AETNA HMO PAYMENT		-29,562.26
11/14/23	A0025	297	AETNA HMO ADJUSTMENT		-39,362.76

**THANK YOU**

ACCOUNT BALANCE ▶



Please see the reverse side for information regarding your hospital bill.

PHYSICIANS PROVIDING SERVICES TO PATIENTS AT NORTHSIDE HOSPITAL ARE NOT AGENTS OR EMPLOYEES OF THE HOSPITAL BUT ARE INDEPENDENT PRACTITIONERS IN THE PRIVATE PRACTICE OF MEDICINE, AS SUCH, THEY USE THEIR OWN PROFESSIONAL JUDGEMENT IN DIAGNOSIS AND TREATMENT DECISIONS; THE HOSPITAL DOES NOT EXERCISE CONTROL OVER THEIR INDEPENDENT MEDICAL JUDGEMENT



**NORTHSIDE HOSPITAL**

P.O. BOX 101757  
 ATLANTA, GEORGIA 30392-1757  
 (404) 851-6500

F/C	PT. TYPE	TYPE OF BILL	DATE OF BILL	PAGE NO.
2	OSF	D1	11/11/23	3

WHEN REFERRING TO THIS ACCOUNT,  
 PLEASE USE ACCOUNT NUMBER

PATIENT NAME	ADMISSION DATE	DISCHARGE DATE	ACCOUNT NUMBER
ASHISH TIWARI	11/06/23	11/06/23	2331002756

INSURANCE COMPANY NAME (S)

400590 AETNA CHOICE POS II

NAME & ADDRESS

ASHISH TIWARI  
 4102 CYPRESS CT  
 ALPHARETTA GA

30005-3559

POSTING DATE	SERVICE CODE	ORDER NUMBER	SERVICE DESCRIPTION	QUANTITY	TOTAL CHARGE
			TOTAL PAYMENTS/ADJUSTMENTS		-70,056.26

**THANK YOU**

ACCOUNT BALANCE ▶

1,413.74



Please see the reverse side for information regarding your hospital bill.

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GWINNETT COUNTY FIRE & EMERGENCY SERVICES  
 PO BOX 1280  
 OAKS PA 19456-1280  
 CDDIGI12

[HTTPS://GWINNETT.PAYAMBULANCE.COM](https://gwinnett.payambulance.com)

TO PAY ONLINE BY CREDIT CARD OR PROVIDE INSURANCE  
 INFORMATION PLEASE VISIT THE WEBSITE LISTED ABOVE.

INVOICE DATE  
 11/01/23

PAY THIS AMOUNT  
**\$1,110.00**

INVOICE #  
 DGWIN762295

SHOW AMOUNT PAID HERE: \$ \_\_\_\_\_

GWIN-1080587 562634553



ASHISH TIWARI  
 4102 CYPRESS CT  
 ALPHARETTA GA 30005-3559

**SEND PAYMENT TO**

GWINNETT COUNTY FIRE & EMERGENCY SVCS.  
 PO BOX 935335  
 ATLANTA, GA 31193-5335

Please check box if address is incorrect or insurance information  
 has changed and indicate change(s) on the reverse side.

**PLEASE RETURN THIS PORTION WITH YOUR PAYMENT**

TAX ID: 58-6000835  
 GWINNETT COUNTY FIRE &

# INVOICE

N #: 1

PATIENT NAME	INVOICE #	INCIDENT #	INVOICE DATE	
ASHISH TIWARI	DGWIN762295	GF230091365	11/01/23	
<b>ORIGIN:</b>		<b>DESTINATION:</b>		
PICK UP FROM SCENE CLAIBORNE DR NW & DULUTH H DULUTH, GA 30096		GMC LAWRENCEVILLE HOSPITAL 1000 MEDICAL CENTER BLVD LAWRENCEVILLE, GA 30046		
DATE	DESCRIPTION OF SERVICES PERFORMED	QTY	RATE	AMOUNT
10/24/23	A0427 ALS - EMERGENCY	1.0	\$975.00	\$975.00
	A0425 AMBULANCE MILEAGE	9.0	\$15.00	\$135.00

WE HAVE BEEN UNABLE TO OBTAIN YOUR AUTO LIABILITY INSURANCE.  
 PLEASE FORWARD YOUR AUTO LIABILITY INSURANCE. IF YOU DO NOT HAVE  
 INSURANCE, YOUR PAYMENT OF THIS BALANCE IS APPRECIATED. THANK  
 YOU.

**CREDITS:** \$0.00  
**BALANCE DUE  
 UPON RECEIPT  
 OF THIS INVOICE:** \$1,110.00

PLEASE FORWARD YOUR INSURANCE INFORMATION OR REMIT PAYMENT IN FULL UPON RECEIPT OF THIS  
 INVOICE. PLEASE INDICATE INSURANCE INFORMATION ON REVERSE SIDE.

**FOR INQUIRIES CALL 1-(888)-741-3291 MON-FRI 8AM - 5PM EST OR EMAIL GWIN@DIGITECHCOMPUTER.COM**



Statement Date 01/04/24  
 Account Number 829597  
 Guarantor Name TIWARI ASHISH

**PAYMENT OPTIONS**

**Billing Questions?**  
 Contact Georgia Urology and we can assist you!

**Want to pay online?**  
 www.gaurology.com  
 to pay your bill electronically

**\$233.00**

**Contact us today!**  
 Call (678) 284-4680

A message from Georgia Urology,

Our office hours are:

**9 am - 4 pm**  
**Monday - Friday**

Thank you!

DATE	DESCRIPTION OF SERVICE	AMOUNT	INS. BAL	PAT. BAL	LINE ITEM BAL
06/20/23	ENCOUNTER 8333509 FOR TIWARI, ASHISH WITH WYATT MD, BRYCE				
06/20/23	99214 - Office E&m Estab Mod-hi 2	\$233.00		\$233.00	
	<b>ENCOUNTER TOTAL</b>	<b>\$233.00</b>	<b>\$0.00</b>	<b>\$233.00</b>	<b>\$233.00</b>

PLEASE REMIT PROMPTLY. FOR BILLING INQUIRIES, PLEASE CALL 678-284-4680.

CURRENT	30-60 DAYS	60-90 DAYS	90-120 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE	DUE FROM PATIENT
\$233.00	\$0.00	\$0.00	\$0.00	\$0.00	\$233.00	\$233.00

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

**STATEMENT**

\* IDENTIFICATION CODE: LAST THREE DIGITS ON BACK OF MC, DISCOVER, AND VISA  
 AMEX: 4 DIGIT NUMBER PRINTED ABOVE ACCOUNT NUMBER ON THE FACE OF CARD

**MAKE CHECKS PAYABLE TO**



1930 BRANNAN ROAD  
 MCDONOUGH, GA 30253-3924

**\*Your Account Nbr Is Your Statement Nbr\***

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

**ADDRESSEE**

QFM0104F 1272 1 AB 0.537  
 7000001428 00.0005.0068 1272/1

TIWARI ASHISH  
 9204 COLLINGWOOD LANE  
 ALPHARETTA GA 30022-3446

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMEX, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

MASTERCARD MASTER   
  DISCOVER DISCOVER   
  VISA VISA   
  AMEX AMEX

CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_ \* ID CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_ SIGNATURE \_\_\_\_\_

STATEMENT DATE 01/04/24    PAY THIS AMOUNT \$233.00    ACCOUNT NUMBER 829597

\*LAST THREE DIGITS ON BACK OF CREDIT CARD    SHOW AMOUNT PAID HERE \$

**PLEASE REMIT TO**

GEORGIA UROLOGY PA  
 1930 BRANNAN ROAD  
 MCDONOUGH, GA 30253-4310