

NORTH SIDE
HOSPITAL

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

DUE UPON RECEIPT
\$3,402.08

Hospital Billing Statement

VAISHNAVI KRISH GUDA
1346 ELDERWOOD WAY
CUMMING GA 30041-8988

Payment Plan Summary

Guarantor Name:	VAISHNAVI KRISH GUDA
Corporate Id:	05918193
Statement Date:	05/11/2023
<hr/>	
Current Account Balance:	\$3,402.08
Monthly Installment Amount:	\$277.78
Amount Due:	\$3,402.08

Ways To Pay



Pay Online

Visit: www.northsidewallet.com
Enter SecureHealthCode: **AME-15K-NWE**



Pay by Phone

Call: **404-851-6500**
Enter SecureHealthCode: **263-155-693**



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

- Financial Assistance

Have Questions?

Call: **404-851-6500**
Hours: Mon-Fri 8:00am - 4:00pm
Chat: 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: VAISHNAVI KRISH GUDA
Account Number: 05918193
Secure Health Code: AME-15K-NWE

Amount Due: \$3,402.08

Payment Included \$

If paying by check, make payments to:

NORTHSIDE HOSPITAL
PO BOX 100060
ATLANTA, GA 30348-0060

Visit 1

Patient Name: VAYU VOODARA
 Account Number: F2309603324

Provider Location: Forsyth Campus
 Primary Insurance: UHC CHOICE PLUS

Date	Description of Service	Amount
04/09/2023	TOTAL CHARGES	\$7,474.50

Notes: Insurance Paid - Balance due.

Insurance Payments & Adjustments: -\$4,350.20

Total Amount: \$3,124.30

Visit 2

Patient Name: VAISHNAVI GUDA
 Account Number: F2308003612

Provider Location: Forsyth Campus
 Primary Insurance: UHC CHOICE PLUS

Date	Description of Service	Amount
04/08/2023	TOTAL CHARGES	\$21,387.00

Notes: This account is on a payment plan, as agreed. Any overpayments received with your regular payment will be applied and credited but will not be considered as an advance for the next installment.

Remaining Plan Balance: \$3333.33

Insurance Payments & Adjustments: -\$16,387.00

Patient Payments & Adjustments: -\$1,666.67

Total Amount: \$277.78

Payment & Financial Options

About Your Bill

As a courtesy, Northside Hospital will bill the insurance company you provided. If payment is not received from your insurance company, you may be liable for any unpaid charges.

In addition to the bill that you receive from Northside Hospital, you may also receive a bill directly from other healthcare professionals such as your physician, specialist, Radiologist, Anesthesiologist, ER physician, etc.

Payment Information

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. Please note that it may take 2-3 business days before your balance is updated to reflect payment.

Financial Assistance

Northside Hospital offers many financial assistance options for patients, who are uninsured, underinsured or having difficulty paying for their services, and are undergoing medically necessary healthcare services.

For more information regarding the program criteria and/or to obtain a copy of Northside's Financial Assistance Program Policy, please visit our website at www.northside.com/billingandcollections or contact our Financial Assistance Counseling Office at **404-851-6500**.