



P.O. BOX 939040  
SAN DIEGO, CA 92193-9040

- 2 Sharp HealthCare number: 104-136-131
- 3 Visit number: 03-79677385
- 4 Payment due: 4/5/20
- 5 **Total due: \$129.84**

If paying by mail, include credit card information on reverse side, or make check payable and remit to:

Pay online and **go paperless** at [sharp.com/billing](http://sharp.com/billing)

02107387508000437732490000986568



6 SHARP REES-STEALY MED GROUP  
P.O. BOX 939088  
SAN DIEGO, CA 92193-9088

00001

1 JANE DOE  
4000 RUFFIN RD STE D  
SAN DIEGO CA 92123-1800

CUT AND RETURN THE TOP PORTION

This statement is for your visit to **Sharp Rees-Stealy Medical Group**.

**Message for you**

Thank you for choosing Sharp Rees-Stealy Medical Group. We appreciate the opportunity to care for you.

**Pay by phone or contact us**

858-499-2410  
Monday through Friday, 8 am to 4:30 pm

Your balance is due.

7 **Primary insurance**  
BLUE CROSS-PO BOX 60007

**Pay online anytime**

Visit [sharp.com/billing](http://sharp.com/billing) to pay online and learn about payment options.

To update your insurance, please call us, use the form on the back or visit [sharp.com/billing](http://sharp.com/billing).

8 **Patient name: John Doe**

**Sharp HealthCare number: 104-136-131**

9 **Invoice number: 79677385 - Genesee | Ibrahim, Doreen Ismail**  
**Visit number: 03-79677385**

12 Date	CPT	Description	13 Charge	14 Payment	Balance
04/15/2019	99214	OFFICE/OUTPATIENT VISIT EST	\$305.00		
04/15/2019	Q4049	FINGER SPLINT, STATIC	\$23.70		
09/25/2019		EDI BLUE CROSS PAYMENT		-\$89.20	
09/25/2019		EDI BLUE CROSS ADJUSTMENT		-\$175.16	
09/25/2019		WEB PORTAL PAYMENT		-\$324.38	
10/01/2019		EDI BLUE CROSS PAYMENT PR2 PATIENT COINSURANCE		-\$3.64	
10/01/2019		EDI BLUE CROSS ADJUSTMENT		-\$19.66	
10/07/2019		WEB PORTAL PAYMENT		\$68.21	

Continues on following pages

## Understanding your bill

This statement represents clinic charges only.

- 1 **Guarantor name:** The person or party financially responsible for services provided to the patient.
- 2 **Sharp HealthCare number:** The unique identifier assigned to each patient at Sharp HealthCare.
- 3 **Visit number:** The unique identifier assigned to each new encounter with your provider.
- 4 **Payment due:** The date on which payment of your balance is due.
- 5 **Total due:** The outstanding amount due on your account after insurance has processed the claim. If you feel the amount is inaccurate, please contact your health insurance company. If you can't pay this balance in full, visit [sharp.com/billing](http://sharp.com/billing) to learn about payment options.
- 6 **If paying by mail, make payment payable and send to this name and address.**
- 7 **Insurance information:** If listed, this is the insurance we have on file for you.
- 8 **Patient name:** The person who received services such as a doctor visit, lab work, radiology or EKG.
- 9 **Invoice number:** Your visit number appended with charges related to the visit.
- 10 **Service location:** The location where we provided your care.
- 11 **Physician name:** The name of the provider who cared for you.
- 12 **Date:** The date or range of dates you were treated. Ranges of dates may mean you had multiple tests performed over several days. We can provide you with an itemized list of charges for all clinic services.
- 13 **Charge:** The charges for the services listed.
- 14 **Payment:** The amounts you or your insurance company has already paid.

