



Anesthesia Associates, L.L.C.
 PO BOX 3495 TOLEDO, OH 43607
DO NOT SEND PAYMENTS TO THIS ADDRESS



RETURN SERVICE REQUESTED

007831
 0101 Check box if below address is incorrect and indicate change(s) on reverse side.

CUSTOMER SERVICE: 844-248-4320
PHYSICIAN: SMITH,JOHN

JANE DOE
 123 ANYWHERE ST
 JUPITER, FL 33458-8000



Easy Ways



Automated Attendant
 1.844.248.4320

To Pay...



Online
www.sheridanhealthcare.com/patients

ACCOUNT NUMBERS		PATIENT NAME	
2711234-GE		JANE DOE	
ID# 040	STATEMENT DATE	PAYMENT DUE	
	07/02/2019	07/23/2019	
PAY THIS AMOUNT	\$456.00	SHOW AMOUNT PAID HERE	→→→ \$

SEND PAYMENTS/CORRESPONDENCE TO THIS ADDRESS

JUPITER ANESTHESIA ASSOCIATES, LLC
 PO BOX 744193
 ATLANTA, GA 30374-4193



27186123040000000000000000000000JANE DOE00000045600070220194

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Patient Name: JANE DOE

Physician: SMITH, JOHN

Account #	Invoice #	Date	Code	Description	Amount
27186123	808781	05/21/19	70553	JUPITER MEDICAL CENTER - Jupiter, FL	3660.00
27186123	808781	06/25/19		CHG-MRI BRAIN BRAIN STEM W/O W/ PYM-UNITED HEALTHCARE PAYMENT A ADJUSTMENT	-1824.00 -1380.00
				TOTAL OUTSTANDING FOR THIS CLAIM	456.00
				TOTAL PATIENT RESPONSIBILITY	456.00

Questions

IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING YOUR ACCOUNT, OR NEED TO DISCUSS ARRANGEMENTS FOR PAYMENT, PLEASE CALL US AT: 844-248-4320 MONDAY - FRIDAY 8:00 AM TO 5:30 PM EST.

Message

Our records indicate that this balance is your responsibility. Please submit the balance in full or contact our customer service to set up a suitable payment arrangement.

AMOUNT DUE FROM PATIENT:

\$456.00

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You can now pay your bill online at <http://sheridanhealthcare.com/patients>

Thank you for allowing us to serve your healthcare needs!

