



# Amount Due Upon Receipt \$25.00

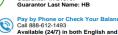
Guarantor Name: VAPtesting HB Guarantor #: 216767







Pay Online as a Guest Not interested in creating an account? Scan or go to Pay.AdventHealth.com and use the following information: Guarantor #: 216767





Financial Assistance AdventHealth offers financial assistance for qualifying patients. Visit FinancialHelp.AdventHealth.com or call 800-462-0490 to inquire.

### Statement Details

 Statement Date
 04/09/2

 Total Patient Balance
 \$453.00

 Payment Plan Amount Due
 \$25

 Amount Due Not on Payment Plan
 \$0.00





This is a reminder that your scheduled payment has been processed. Thank you for your payment.

Any financial activity from your statement date forward will be reflected on you statement



### ontact Us

If you would like to request an itemized bill, establish a payment plan, inquire about financial assistance or if you have questions concerning an AdventHealth bill, please contact AdventHealth Customer Service at 855-241-2455 (855-AH1-BILL) or go to AdventHealth.com/pay-my-bill.

#### Advisors are available:

Monday - Thursday 8:00 am - 7:30 pm; Friday 8:00 am - 5:00 pm (EST)

AdventHealth app users will receive statements online unless they have opted out. Login or call us to opt out of paperless billing.

### **Payment Plan Details**

Monthly Payment Remaining # of Payments Remaining Balance



Please make check payable to AdventHealth and be sure to include your Guarantor # on your check

## Visits with Estimates on Payment Plan

nese visits contain expected charges and patient portion based on similar past visits and the information we

	contain expected charges and patient portion base ve available. Your final billed charges might be dif				on we
Estimate #	Description	Charges	Patient Portion	Patient Pmts/Adjs	Patien Balanc
206678	04/09 - Ahic Altamonte Bi Visit at AdventHealth Imaging Altamonte Springs Breast Imaging	\$918.53	\$290.00	\$0.00	\$290.0
ccounts	on Payment Plan				
	g's visit to AH Centra Care Altamonte Springs				
			**This a	ccount is on a pa	ayment pla
Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patier Balanc
	labeel Abbasi, MD	6400.00			
05/16	Ecg Routine Ecg W/Least 12 Lds Trcg Only W/O I&R Your Responsibility	\$100.00			\$100.0
<u>Date</u>	Description	Charges	Insurance Pmts/Adjs	<u>Patient</u> <u>Pmts/Adjs</u>	<u>Patie</u> Baland
06/04	Office/Outpatient Established Sf Mdm Patient Payments Your Responsibility	\$144.00		-\$50.00	\$94.0
	'S visit to AdventHealth Tampa count # 147000013346		**This a	ccount is on a pa	ayment pla
<u>Date</u>	Description	Charges	Insurance	<u>Patient</u>	Patier
	Radiology-Diagnostic-General Patient Payments	\$3,839.46	Pmts/Adjs	<u>Pmts/Adjs</u> -\$11.00	Baland
	Patient Adjustments Your Responsibility			-\$3,569.46	\$259.0
	Outstanding Balance			(10)	\$453.0





- Payment options Pay online or in App with an AdventHealth account,
  Pay online as a Guest, or pay by phone
- Information if you are unable to pay your bill, Financial Assistance options are available for qualifying patients.
- Customer Service contact information including the phone number and hours of operation.
- Statement Details that provide you with the statement date, total balance, payment plan amount due, and any amount not currently included in a payment plan.
- Payment plan details including the monthly payment amount, remaining number of payments and remaining balance.
- Visit details on a payment plan where AdventHealth provided an estimate of patient responsibility. Note that final billed charges might differ from estimated charges.
- Visit details are itemized separately to make it easy to see the charges, insurance payments and adjustments, any patient payments and adjustments and remaining balance.
- (10) Outstanding balance total for the above itemized visits