

NEW YORK UNIVERSITY
PHYSICIAN SERVICES
P.O. BOX 415662
BOSTON, MA



RETURN SERVICE TO:

Check this Box and mail back
the statement with any updated
information



Please check box if below address is incorrect or insurance information has changed and indicate change

PATIENT NAME
STREET ADDRESS
CITY, ST ZIP

REMIT TO:

NEW YORK UNIVERSITY
PHYSICIAN SERVICES
P.O. BOX 415662
BOSTON, MA 02241

Address to Mail
Your Check

Your Account Number

Amount to be Paid

STATEMENT DATE	PATIENT NAME	ACCOUNT #	TOTAL BALANCE	PAY THIS AMOUNT	AMOUNT PAID
11/02/16	FIRST LAST	XXXX	\$129.46	\$129.46	\$

Summary of the bill

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

STATEMENT SUMMARY						
AMOUNT BILLED	YOUR INSURANCE PLAN PAID	DISCOUNTS APPLIED	YOUR PATIENT RESPONSIBILITY	YOU ALREADY PAID	YOUR TOTAL BALANCE	AMOUNT DUE
\$420.00	\$0.00	\$290.54	\$129.46	\$0.00	\$129.46	\$129.46

To pay by credit card or contact customer service please call: (877) 648-2964 or visit <http://mychart.nyulmc.org>.

Our phone # and
website for customer
service and credit card
payments

STATEMENT DETAILS						
Service Date	Provider	Description	Charges	Credits	Insurance Balance	Patient Balance
	Chloe Muychou Chhor, MD	76641 - ULTRASOUND OF ONE BREAST	210.00		0.00	64.73
		- YOUR INSURANCE PAID - OSCAR		0.00		
		- DISCOUNTS APPLIED - OSCAR		145.27		
		- YOUR DEDUCTIBLE IS: 64.73				
	Chloe Muychou Chhor, MD	76641 - ULTRASOUND OF ONE BREAST	210.00		0.00	64.73
		- YOUR INSURANCE PAID - OSCAR		0.00		
		- DISCOUNTS APPLIED - OSCAR		145.27		
		- YOUR DEDUCTIBLE IS: 64.73				
		RADIOLOGY SUBTOTAL	420.00	290.54	0.00	129.46
		YOUR TOTAL BALANCE				129.46

Past due
balances for this
statement

CURRENT		PAST DUE	CREDIT BALANCE	TOTAL BALANCE
PATIENT BALANCE	\$129.46	\$ 0.00	\$0.00	\$129.46

Important Message Regarding Your Account

You are responsible for the full balance of any out-of-pocket costs applied by your plan.

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Important messages about
your account and our phone
and link to MyChart

Credits that exist on your
account and the net
balance that you owe