

NORTHSTAR ANESTHESIA II, PA P.O. BOX 224563 DALLAS, TX 75222-4563

TWO TEST 13500 POWERS CT FORT MYERS, FL 33912-4503 Patient: TWO TEST
Account number: A00678368
Printed on: Jun 29, 2022

#### Difficulty paying your bill?

Visit pay.EZHealthBilling.com to learn about 0% interest payment plans and more ways to resolve your balance.

# Your total is \$0.00

#### SEE BACK FOR DETAILS →

Total due	\$0.00
* Active payment plan	-\$634.00
You paid	-\$95.00
Provider adjusted	-\$2,187.00
Insurance paid	-\$0.00
Total billed	\$2,916.00

\* Remaining automatic payments on your payment plan: 22 x \$28.00, 1 x \$18.00



DETACH AREA BELOW AND SEND WITH PAYMENT

### **Ways to Pay**

☐ Online

Pay via desktop or mobile: pay.EZHealthBilling.co m

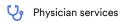
#### Mail

Mail check or money order with this part of the bill to the address on the reverse side. Do not send cash.

#### **Need Help?**



Call our team toll-free (Mon to Fri 8AM to 5PM CDT) (800) 335-7060



### Your visit to Hunt Regional Medical Center

Date of service: Jun 14, 2022 | Clinician: Romeo Baltazar | ID: 1775465

Service		Billed
Cardiovascular procedure - 36620 Catheter insertion through skin to collect blood or transfuse w/ blood pressure monitor		\$721.00
	Subtotal billed	\$721.00
	Insurance adjusted	- \$0.00
	Insurance paid	- \$0.00
	Provider adjusted	- \$540.75
	You paid	- \$95.00
	Amount due (subtotal)	\$85.25

## Continued on next page



DETACH AREA BELOW AND SEND WITH PAYMENT

#### Mail this slip with check

Account Holder: TWO TEST Account Number: A00678368

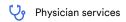
Bill Amount: \$0.00

Invoice IDs: 1775465, 1789794

MAKE CHECK PAYABLE & MAIL TO:

NorthStar Anesthesia II, PA P.O. Box 224563 Dallas, TX 75222-4563





### Your visit to Hunt Regional Medical Center

Date of service: Jun 18, 2022 | Clinician: Romeo Baltazar | ID: 1789794

Service		Billed
Respiratory/Pulmonary - 31500 Emergent insertion of breathing tube into windpipe cartilage using a		\$1,317.00
Cardiovascular procedure - 36556 Assertion of central venous catheter for infusion, patient 5 years or older		\$878.00
	Subtotal billed	\$2,195.00
	Insurance adjusted	- \$0.00
	Insurance paid	- \$0.00
	Provider adjusted	- \$1,646.25
	Amount due (subtotal)	\$548.75

### Your bill summary



Total billed	\$2,916.00
Provider adjusted  The adjusted amount made by your provider such as an additional fee or write-off.	-\$2,187.00
You paid	-\$95.00
Active payment plan	-\$634.00
Total due	\$0.00