

PATIENT INFORMATION

DATE: 03/01/21
 PATIENT: Michael
 ACCOUNT #: 00000000000000000000
 DATE OF SERVICE: 03/01/21

Amount Covered: \$175.00
 Patient Responsibility: \$0.00
 Net Patient Responsibility: \$0.00

PAYMENT OPTIONS

Pay online at CareSpot.com/MySpot (Using MyAccount? Login: 000-599-254)

Pay with:

- Credit or Debit Card
- Check
- By Mail (Mail-in Bill Option)

Call us at 1-800-755-2284

QR Code

Pay by Card
\$175.00

CareSpot MedPost Pg. 1/1

Our invoice indicates that your insurance coverage has paid its portion of the bill. An insurance bill may not cover all the balance before a new year responsibility. If you have questions about the insurance payment, please contact your insurance agent or call us at 1-800-755-2284.

PLEASE NOTE: Any statement received in connection with this bill from US Health is subject to being sent to a collection agency. This step in this bill includes the following: a final notice.

Thank you for choosing us!

DATE	AMOUNT	PROVIDER	CITY	DESCRIPTION OF SERVICES	CHARGE	INSURED	INSURED	INSURED	INSURED	INSURED	INSURED	INSURED
03-01-21	175.00	Michael	MIAMI	PHYSICIAN SERVICES	175.00	0.00						

Please return this bill, undated and your payment received. If there is a change in patient information, please notify us immediately.

CareSpot MedPost HSA SOLANTIC JOINT VENTURE LLC
 100 W. WASHINGTON ST.
 ATLANTA, GA 30334-6721

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 ATLANTA, GA 30334-6721

PATIENT NAME: Michael

ACCOUNT NUMBER: 00000000000000000000

AMOUNT DUE: \$175.00

DATE IN 30 DAYS: PAYMENT ENCLOSED

Please send payment to:
 HSA SOLANTIC JOINT VENTURE LLC
 100 W. WASHINGTON ST.
 ATLANTA, GA 30334-6721

03/01/21