



RADIOLOGY SERVICES PROVIDED AT
TOWN MEDICAL CLINIC
 BY VIRTUAL RADIOLOGIC
 PROFESSIONALS, LLC

Total Amount Due	\$193.35	00001
Payment Due By	2/06/2021	

JANE T DOE

ID #: 9999999999999999

Pay your bill at mymedicalme.com

Seamless QUICK PAY
 No Login Required!



Total Charges	Adjustments & Ins. Payments	Patient Payments	Fees	Outstanding Balance
\$393.00	— \$199.65	\$0.00	+ \$0.00	= \$193.35

See page 2 for a full breakdown of your billing activity. To update account information, please visit mymedicalme.com or call us!

Account Information Statement Date: 1/15/2021 Account Status: Pymt. Due Lifetime Statement #13	Insurance Information Primary UHC UNITED HEALTHCARE - * Secondary None on File	Need to speak with us? Call 888/676-2349 M-F 8:00am - 8:00pm EST
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This statement is for services rendered by VIRTUAL RADIOLOGIC PROFESSIONALS. Payment in full is expected upon receipt. Please see the detailed account information on subsequent pages for more information. If payment is returned for any reason, a \$25.00 fee will be added to your account.

IT IS NOT OUR INTENTION TO BILL PATIENTS WHO QUALIFY FOR COVID-19 RELIEF. ACCORDINGLY, IF YOU BELIEVE YOU ARE BEING CHARGED FOR COVID-19 RELATED SERVICES ON THIS BILL, PLEASE CALL US AT 888/676-2349.

Questions about this Statement or Payment Options? Call 888/676-2349

↑ DETACH HERE AND RETURN THIS BOTTOM PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED ↓

VIRTUAL RADIOLOGIC PROFESSIONALS
 PO BOX 120153
 GRAND RAPIDS MI 49528-0103

ID Number	Statement Date	Due Date
9999999999999999	1/15/2021	2/06/2021
Balance	Min Balance Due	Amount Enclosed
\$193.35	\$193.35	

Statement Number 13

Phone: 888/676-2349
 Hours: M-F 8:00am - 8:00pm EST

MAKE CHECK PAYABLE AND REMIT TO:

JANE T DOE
 1234 ANY ST
 ANY TOWN MI 49456

VIRTUAL RADIOLOGIC PROFESSIONALS
 PO BOX 88087
 CHICAGO IL 60680-1087



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Accounts Not on Payment Plans

Account Detail for 8888888888888888

Note: This account is current and is due on 2/06/2021.

Patient Name: JANE DOE

Location: TOWN MEDICAL CLINIC
 Provider: JOHN SMITH MD
 Primary Insurance: UHC UNITED HEALTHCARE - *****2405

Activity Date	Description	Charges	Pmts/Adj/ Fees	Balance
12/07/2020	77049: MAGNETIC RESONANCE IMAGING, BREAST, WI	\$393.00	-\$199.65	\$193.35
01/01/2021	ADJUSTMENT - UHC UNITED H		-\$199.65	

Full account detail available online @ mymedicalme.com

Account Payoff Amount	\$193.35
Account Min Amt Due	\$193.35

Due Date: 2/06/2021						
Days Late	Current	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Balance Due
Patient Balance	\$193.35	\$0.00	\$0.00	\$0.00	\$0.00	\$193.35

*Balances older than 120 days may not be reflected on this statement. Please call us for more information.