Page 1 of 2



Total Amount Due \$193.35 00001

Payment Due By 2/06/2021

Pay your bill at mymedicalme.com

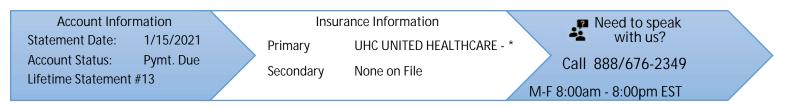
Seamless QUICK PAY

No Login Required!

JANF T DOF ID #: 9999999999999999

Total Charges	djustments & ns. 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!



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

CDETACH HERE AND RETURN THIS BOTTOM PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED ${\cal T}$

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

ID Number	Statement Date	Due Date		
9999999999999999999	1/15/2021	2/06/2021		
Balance	Min Balance Due	Amount Enclosed		

Phone: 888/676-2349 Hours: M-F 8:00am - 8:00pm EST Statement Number 13

JANE T DOE

1234 ANY ST ANY TOWN MI 49456

MAKE CHECK PAYABLE AND REMIT TO:

VIRTUAL RADIOLOGIC PROFESSIONALS PO BOX 88087 CHICAGO IL 60680-1087

VIRTUAL RADIOLOGIC PROFESSIONALS



Accounts Not on Payment Plans

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

Patient Name: JANE DOELocation:TOWN MEDICAL CLINICProvider:JOHN SMITH MDPrimary Insurance:UHC UNITED HEALTHCARE - ****2405

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

Full account detail available online @ mymedicalme.com

				Account Min Amt Due			
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	
anage alder then '	100 days may r	ant ha raflanta	d on this state	mont Dlooco	all us for mor	oinformation	

Account Payoff Amount

\$193.35

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