

# How to pay your bill online for statements dated prior to 12/1/2016:

**MAKE CHECKS PAYABLE TO:** BBHA

**BayCare Medical Group**  
P.O. Box 10744  
Clearwater, Florida 33757-8744  
BILLING INQUIRIES: (727) 532-0002  
TOLL FREE: (877) 532-0002

**1**

**IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.**

**2**

**STATEMENT** PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

**BAYCARE MEDICAL GROUP**  
PO BOX 10744  
CLEARWATER FL 33757-8744

For change of Address or Insurance, Please Check Box and Fill in Reverse Side.

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DATE OF SERVICE	DOCTOR / PROVIDER	DESCRIPTION OF SERVICE	TOTAL CHARGES	BALANCE
01/19/2016	[REDACTED]	INITIAL HOSPITAL CARE	\$805.76	\$805.76
01/20/2016	[REDACTED]	SUBSEQUENT HOSPITAL CARE		
01/21/2016	[REDACTED]	SUBSEQUENT HOSPITAL CARE		
01/22/2016	[REDACTED]	HOSPITAL DISCHARGE DAY		

**BayCare Medical Group**

**MESSAGE**

Payment is due upon receipt. Thank you.

<b>PATIENT RESPONSIBILITY</b>	\$805.76
<b>PAYMENT IN FULL DUE BY</b>	03/12/16

<b>STATEMENT DATE</b>	<b>ACCOUNT #</b>
02/26/2016	[REDACTED]

SEE BACK SIDE FOR FREQUENTLY ASKED QUESTIONS

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**BILLING QUESTIONS**

(727) 532-0002  
TOLL FREE: (877) 532-0002  
Monday - Friday 8:00 a.m. - 4:30 p.m.

1. Locate acronym at top of statement.  
  
**Each acronym equals a number:**  
**BMG = 03 BMG4= 04 BBHA= 09**
2. Add the acronym number you identified above to the front of your acct#. Example: 09123456
3. Enter combined number from step 2 into the Account Number field. Complete all fields, then click submit.

**3**

### Patient Information

Welcome. To pay your bill online, please enter the below information from your statement to proceed.

**Account Number**

**Birth Date**

**Zip**