

# 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 DATE: 02/26/2016  
PATIENT RESPONSIBILITY: \$805.76  
ACCT. #: 123456

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

ADDRESS SERVICE REQUESTED 1 2

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

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

Page 1 of 1

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

**BayCare Medical Group**

**MESSAGE**  
Payment is due upon receipt. Thank you.

**PATIENT RESPONSIBILITY** → \$805.76  
**PAYMENT IN FULL DUE BY** 03/12/16

STATEMENT DATE	ACCOUNT #
02/26/2016	

SEE BACK SIDE FOR FREQUENTLY ASKED QUESTIONS

**MAKE CHECKS PAYABLE TO:**

**BayCare Medical Group**  
P.O. Box 10744  
Clearwater, Florida 33757-8744

**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**

**BUC = 05**

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**

**Submit** **Cancel**