

How to pay your bill online for BayCare Urgent Care statements dated prior to 03/22/2016:

MAKE CHECKS PAYABLE TO: BBHA

ADDRESSEE:

ADDRESS SERVICE REQUESTED 1 2

██████████

1400047

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

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

CHECK CARD USING FOR PAYMENT

MASTERCARD DISCOVER VISA AMERICAN EXPRESS

CARD NUMBER: ██████████ AUTHORIZATION CODE: ██████████

SIGNATURE: ██████████ EXPR. DATE: ██████████

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

PAYMENT IN FULL DUE BY: 03/12/16 SHOW AMOUNT PAID HERE \$

REMIT TO:

BAYCARE MEDICAL GROUP
PO BOX 10744
CLEARWATER FL 33757-8744

STATEMENT PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

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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		

MESSAGE

Payment is due upon receipt. Thank you.

PATIENT RESPONSIBILITY → \$805.76

PAYMENT IN FULL DUE BY 03/12/16

STATEMENT DATE: 02/26/2016 ACCOUNT #: ██████████

SEE BACK SIDE FOR FREQUENTLY ASKED QUESTIONS

BILLING QUESTIONS

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

MAKE CHECKS PAYABLE TO:

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.

Patient Information

Example: 09123456

When completing the online payment, please enter the below information from your statement to proceed.

Account Number

3

Birth Date

Zip