

MAKE CHECKS PAYABLE TO: BUC

BayCare Urgent Care
 6827 1st Ave. S., Ste. 200
 St. Petersburg, Florida 33707-1242
 FOR BILLING INQUIRIES, PLEASE CALL: (727) 767-0575
 www.BayCareUrgentCare.org

ADDRESS SERVICE REQUESTED 0 0

TEST, PATIENT
 1234 PARK ST
 TAMPA, FL 33606

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	DESCRIPTION	CHARGES	PATIENT PAYMENTS	INSURANCE PAYMENT / ADJ	PATIENT BALANCE
10/19/15	BUCPROV, WAU	\$170.00			
10/19/15	OFFICE/OUTPATIENT VISIT NE				
10/19/15	INFLUENZA IMMUN ADMIN/PREV				
10/19/15	PNEUNOC VAC/ADMIN/RCVD, 404				
10/19/15	ELIG PROF DOC MR UPD/D/REV				
10/20/15	MEDICARE ADJUSTMENT				
	ADJUSTMENT			\$81.23	
12/14/15	MEDICARE ADJUSTMENT				
	ADJUSTMENT			\$15.98	
12/14/15	MEDICARE ACH				
	ADJUSTMENT			\$1.48	
	INVOICE BALANCE:				\$18.56

BayCare Urgent Care

MESSAGE: Thank you again for choosing BayCare Urgent Care! Payment is due upon receipt. Thank you.

PAY THIS AMOUNT → \$18.56

PAYMENT IN FULL DUE BY 09/15/2016

SEE REVERSE FOR FREQUENTLY ASKED QUESTIONS

BILLING QUESTIONS

(727) 767-0575

Monday - Friday 8:00 a.m. - 4:30 p.m.
 www.BayCareUrgentCare.org

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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: _____ EXPIR DATE: _____

STATEMENT DATE: 08/31/2016 PATIENT RESPONSE: \$18.56 ACCT.#: 123456

PAYMENT IN FULL DUE BY: 09/15/2016 SHOW AMOUNT PAID HERE: \$

REMIT TO:

1. Locate your acct#. Add "05" to the front of your acct#. Example: 05123456
2. Enter this number into the Account Number field. Complete all fields and click submit.

Patient Information

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

Account Number
 Example: 05123456

Birth Date

Zip

Submit **Cancel**