


Understanding Your Statement

HOW TO READ YOUR MEDICAL BILL

- 1 Statement Type
- 2 Addressee
- 3 Account Number
- 4 Responsible Party
- 5 Invoice Number
- 6 Statement Date
Date bill was issued
- 7 Due Date
Date payment is due
- 8 Date of Service
- 9 Detail of Service
- 10 Charges
- 11 Payments/Adjustments
Patient payments and insurance payments/adjustments
- 12 Insurance Pending
- 13 Payment Plan Information
- 14 Patient Balance
Balance due for each patient
- 15 Amount Due




15921 Collections Center Drive | Chicago, IL 60693-0159

1 Statement of Physician Services

For Billing Inquiries: (866) 734-7680
Hours: Monday - Friday, 8:00 am - 5:00 pm

Please check if you have written on the back

2 ADDRESSEE
JOHN M SMITH
1234 MAIN ST
CHICAGO IL 48706-1234



GET TO KNOW DULY
Healthier Makes Happier.

Pay Your Bill Online: <http://dulyhealthandcare.com/billpay>

Account Number	Invoice Number	Due Date	Amount Due
1234567	123456789	01/30/2023	\$35.34

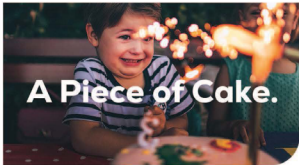
PLEASE MAKE CHECKS PAYABLE AND REMIT TO:
Duly Health and Care
15921 Collections Center Drive
Chicago, IL 60693-0159

0616575404 00000002592724 00010600 6

Use myEasyMatch Code: 2DF-KQ7-L33 to pay your bill online Return top portion with payment.

Account Number	Responsible Party	Invoice Number	Statement Date	Due Date
3 1234567	4 JOHN SMITH	5 123456789	6 01/09/2023	7 01/30/2023

8 Date	9 Description	10 Charges	11 Payments/Adjustments	12 Insurance Pending	Patient Balance
13 Payment Plan Information					
07/27/2022	PATIENT: JOHN SMITH Office Visit - Martini, Muawia, MD Total for this visit	\$307.00 \$307.00	\$226.88	\$0.00	\$80.12
10/11/2022	Office Visit - Thorgesen, Lindsay, APN	\$229.00			
10/11/2022	Electrocardiogram complete - Thorgesen, Lindsay, APN Total for this visit	\$72.00 \$301.00	\$275.12	\$0.00	\$25.88
12/21/2022	Office Visit - Martini, Seif, MD	\$307.00			
12/21/2022	Electrocardiogram complete - Martini, Seif, MD Total for this visit	\$72.00 \$379.00	\$0.00	\$379.00	\$0.00
Payment Plan TOTAL:		\$987.00	\$502.00	\$379.00	14 \$108.00
Total Account Balance:		\$106.00			
Amount Pending with Insurance:		\$379.00			
Minimum Amount Due:		\$35.34			
Insurance Denial Codes: (E) Deductible (M) Coinsurance					



A Piece of Cake.

E-VISITS | VIDEO VISITS
ONLINE SCHEDULING

dulyhealthandcare.com

STATEMENT SUMMARY

Your account is on a current payment plan
Amount due by 01/30/23\$35.34

PAY THIS AMOUNT **15** **\$35.34**

Please see statement back for financial options.