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|----------------------|----------|
| Total Charges: | \$546.00 |
| Total Payments/Adj: | \$0.00 |
| Total Amount Due: | \$0.00 |
| Primary Insurance: | Self Pay |
| Secondary Insurance: | none |

YOUR TRANSACTION SUMMARY

| Date | Description | Charges | Payments/ Adjustments | Balance |
|-------------------------|--|----------|--------------------------|---------------|
| HOSPITAL CHARGES | | | | |
| 01/01/2024 | Patient Name: DOE, JOHN Account Number: 12345678-9 Location: EMC Sheffield 101 | | | |
| | RADIOLOGY | \$546.00 | | |
| | Total Insurance Adjustments | | \$0.00 | |
| | Total Insurance Payments | | \$0.00 | |
| | Patient Payments | | \$0.00 | |
| | PATIENT BALANCE: | | | \$0.00 |

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