Exciting News!
You may have received a statement and noticed some changes. Dignity Health is excited to announce the rollout of our new patient-friendly account portal. If you have received a statement containing a "myEasyMatch" code above, you will be able to make a One Time Payment or Register your account on the new site: www.DignityHealth.org/billpay.

Thank you for choosing St. Rose Dominican - Siena for your healthcare needs. This statement reflects charges for services you have received from us, including any payments that you and your insurance provider have made.

Proof of Insurance Requested.
If you have not provided Dignity Health with proof of your insurance coverage for the charges identified in this bill, it is important that we receive information regarding any insurance coverage or other source of payment for your bill, including government-sponsored health care programs or liability insurance. For additional important information, please see the reverse side of this bill.

Dignity Health’s Financial Assistance Policy
If you need help paying your bill, you may qualify for financial assistance, including free care, a discount, or a payment plan under Dignity Health’s Financial Assistance Policy. For additional information about Dignity Health’s Financial Assistance Policy, please see the reverse side of this bill.

UNDELIVERABLE MAIL ONLY
14141 SOUTHWEST FREEWAY
SUITE 300
SUGARLAND, TX 77478

If there is new insurance information, change of address, or errors, please contact us at (800) 644-0864

<table>
<thead>
<tr>
<th>Account Number</th>
<th>Patient Name</th>
<th>Date Of Service</th>
<th>Total Charges</th>
<th>Ins Payments &amp; Adjustments</th>
<th>Patient Payments &amp; Discounts</th>
<th>Amount Owed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BRANSON, L</td>
<td>04-27-2019</td>
<td>$1,732.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$1,732.00</td>
</tr>
</tbody>
</table>

Ways to Pay...
Scan the QR Code at left
Call (800) 644-0864
Visit www.DignityHealth.org/billpay
By mail, return this portion with payment
Make check payable and remit payment to:
ST ROSE DOMINICAN - SIENA
PO BOX 57125
LOS ANGELES, CA 90074-7125

(800) 644-0864
Office Hours: Mon.-Thur. 7:00am-10:00pm, Fri. 7:00am-6:00pm, Sat.-Sun. 8:00am-4:00pm
AMOUNT DUE UPON RECEIPT
$1,732.00
**Statement Summary**

<table>
<thead>
<tr>
<th>Accounts on Payment Plans</th>
<th>Total Payoff</th>
<th>Min Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>[0]</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Accounts Not on Payment Plans</td>
<td>$926.98</td>
<td>$926.98</td>
</tr>
</tbody>
</table>

**TOTAL MIN AMOUNT DUE**

7/04/2019

$926.98

**Payment Options**

We gladly accept checks and the following major credit cards:

- Visa
- MasterCard
- Discover
- American Express

- Pay Online or Using our App
  - www.mymedicalme.com
  - App: MyMedicalMe

- Pay by Mail
  - Include your "ID Number" on your check
  - Make checks payable to: PEDIATRIX MEDICAL GROUP
  - Include payment stub below in envelope provided

- Pay by Phone
  - Call toll free: 877-511-2296

**Fee Disclosures:** Please note payment is due in full by the due date listed. Your account is not currently in default. Monthly service fees may be assessed after the due date for your balance that is not paid in full. Service fees are waived for auto-debit payment plans. Late fees may apply. Please see the detailed account information on subsequent pages and the "Payment Assistance" section below for more information. If payment is returned for any reason, a $25.00 fee will be added to your account. Fees are subject to change without notice.

**Payment Assistance:** If you are unable to pay accounts on payment plans in full, you must contact us toll free at 877-511-2296 to establish terms of a payment plan. Minimum fees may apply. Service fees are waived for auto-debit payment plans. Reasonable monthly payment plans can be arranged, but we must receive communication from you to establish terms. A servicing agent may contact you directly if full payment or payment-plan arrangements are not made within the 30-day grace period.

**Detach Here and Return This Bottom Portion With Your Payment Using the Return Envelope Enclosed**

---

**ID Number**

**Statement Number**

<table>
<thead>
<tr>
<th>Min Amt Due</th>
<th>Due Date</th>
<th>Amt Enclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>$926.98</td>
<td>7/04/2019</td>
<td></td>
</tr>
</tbody>
</table>

**Phone:** 877-511-2296

**Hours:** Mon - Fri | 8:00am - 10:00pm Eastern; Sat | 9:00am - 2:00pm Eastern

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**MAKE CHECK PAYABLE & REMIT TO:**

PEDIATRIX MEDICAL GROUP
PO BOX 88087
CHICAGO IL 60680-1087
Accounts Not on Payment Plans:

- **Account Number**: [Redacted] - charges associated with account:

Note: This account is current and is due on 7/04/2019. A monthly $5.00 service fee will be assessed every 30 days from the original statement date until all balances are paid in full. Fees are waived for auto-debit payment plans.

| Date of Svc: | 4/27/2019 | Patient: | LUCY BRANSON | Orig Balance: | $844.00 |
| Procedure: | 30300: REMOVAL FOREIGN BODY, INT | | | Pmts/Adj/Fees: | $-168.80 |
| Location: | ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS: MICHAEL S ZBIEGIEJN | | | Charge Payoff: | $675.20 |
| Insurance 1: | UNITED HEALTHCARE - [Redacted] | | | |

**History Detail**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Pmts/Adj/Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/24/2019</td>
<td>MANAGED CARE</td>
<td>$-168.80</td>
</tr>
</tbody>
</table>

| Date of Svc: | 4/27/2019 | Patient: | LUCY BRANSON | Orig Balance: | $314.73 |
| Procedure: | 99282.25: E/R INITIAL CONSULT 90 | | | Pmts/Adj/Fees: | $-62.95 |
| Location: | ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS: MICHAEL S ZBIEGIEJN | | | Charge Payoff: | $251.78 |
| Insurance 1: | UNITED HEALTHCARE - [Redacted] | | | |

**History Detail**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Pmts/Adj/Fees</th>
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<tbody>
<tr>
<td>5/24/2019</td>
<td>MANAGED CARE</td>
<td>$-62.95</td>
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</table>

**Total Account Payoff**: $926.98

**Min Amt Due**: $926.98

*called 11/11/19*

*"standard pricing" - split billing*

-in network

-both adjusted - not going to make payments

-maybe can get a discount

"they" code it - pediatricix Med. Group

coding department goes over
records and prices are set

**Half** (c) - w/in 20 days

463.49 due

4/11
**ST ROSE DOMINICAN SIENA**
3001 ST ROSE PKWY
HENDERSON, NV
877 872-6343

<table>
<thead>
<tr>
<th>DATE OF</th>
<th>DESCRIPTION OF HOSPITAL SERVICES</th>
<th>SERVICE CODE</th>
<th>TOTAL CHARGES</th>
<th>EST. COVERAGE INS.CO. NO. 1</th>
<th>EST. COVERAGE INS.CO. NO. 2</th>
<th>EST. COVERAGE INS.CO. NO. 3</th>
<th>EST. COVERAGE INS.CO. NO. 4</th>
<th>AMOUNT OF PAYMENT</th>
</tr>
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<tbody>
<tr>
<td>04/27</td>
<td>001ER BED NC</td>
<td>60000874</td>
<td>589.00</td>
<td>589.00</td>
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<tr>
<td>04/27</td>
<td>001REM FB/SKIN L.E.</td>
<td>60001096</td>
<td>589.00</td>
<td></td>
<td></td>
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<tr>
<td>04/27</td>
<td>001ER LEVEL 2 W</td>
<td>60001740</td>
<td>1143.00</td>
<td>1143.00</td>
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<tr>
<td></td>
<td><strong>BALANCE FORWARD</strong></td>
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<tr>
<td></td>
<td><strong>SUMMARY OF CURRENT CHARGES</strong></td>
<td></td>
<td>1732.00</td>
<td>1732.00</td>
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<td></td>
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<tr>
<td></td>
<td><strong>SUB-TOTAL OF CURR. CHARGES</strong></td>
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<td>1732.00</td>
<td>1732.00</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**ACC DATE:** TYPE: N TIME: PLACE: EMPL REL:  

**TOTALS**
1732.00 1732.00

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**PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.**

**ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.**

**This Is Not A Bill**