

FINAL NOTICE

Account Number: [REDACTED]
Total Amount Due: \$830.00
Hospital Name: Corona Regional Med Center
Group Name: Corona Reg Emergency Med Associates

Dear CARMEN QUINTERO,

We have not received a response from our previous statement(s). Unless you respond immediately we will have no alternative but to consider turning your account over to a **collection agency**.

To avoid further action:

1. Go to www.physicianbillpay.com to pay the bill in full or make payment arrangements
2. Send check, credit card information, or money order in the enclosed return envelope
3. Go to www.physicianbillpay.com to enter your insurance information.
4. Call our office and speak to a patient representative concerning your account.

Any questions regarding the accuracy or details of your bill should be addressed to our billing office at (951)267-5224. This matter requires your immediate attention. If we do not receive a response from you, Corona Reg Emergency Med Associates may refer your account to a collection agency, which could result in negative credit reporting.

Sincerely,
Financial Services

AMOUNT DUE UPON RECEIPT:

\$830.00

Scan this code with your smartphone for quicker access

Interactive Voice Response
Available 24 hours, 7 days a week
(866) 398-6469

Customer Service
(951)267-5224

CORONA REG EMERGENCY MED ASSOCIATES
PO BOX 80174
CITY OF INDUSTRY CA 91716-8174

For Self-Service Payments

www.physicianbillpay.com

- File or re-file insurance
- View & update account information
- Check Account Balance
- Pay Bill

DISREGARD BILL IF PAYMENT MADE WITHIN LAST 10 BUSINESS DAYS

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PO Box 23419
Jacksonville, FL 32241-4419

Electronic Service Requested

Statement Date 06/04/20	Pay This Amount \$830.00	Due Date 6/25/2020
Account Number [REDACTED]	Show Amount Paid Here \$ _____	
CHECK CREDIT CARD USING PAYMENT AND FILL OUT BELOW.		
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER		
CARD NUMBER	SECURITY CODE	
CARDHOLDER NAME	EXP. DATE	
SIGNATURE		

[REDACTED]
CARMEN QUINTERO
[REDACTED]

Make Checks Payable and Remit To:

CORONA REG EMERGENCY MED ASSOCIATES
PO BOX 80174
CITY OF INDUSTRY CA 91716-8174

Patient Name: CARMEN QUINTERO
Account Number: [REDACTED]
Statement Date: 06/04/20

AMOUNT DUE
\$830.00

Service Date	Procedure Charges	Patient Payments	Insurance Payments	Adjustments Discount	Attending Provider	Referring Provider	Balance
03/23/20	99284	\$0.00	\$0.00	\$0.00	KEVIN FERGUSON, MD	PEI-JING MA, PA	\$830.00
	Totals:	\$0.00	\$0.00	\$0.00			\$830.00

BILLING POLICY

Insurance We will file insurance claims for each of your insurance policies. You will need to furnish the billing office with the necessary information. If your insurance differs from the information listed on the front of this statement, please complete the bottom of this form and mail it to our office, call our office, or complete the insurance page for your account on our website, www.physicianbillpay.com. It should be understood that your insurance policy is an agreement between you and the insurance company to pay certain amounts for medical care. Your physicians' bill is an agreement between you and your emergency room physician. You are responsible for full payment of your account on a timely basis. Insurance companies have a schedule of fees that they will pay. Your emergency physician fees may be more or less than the schedule of your insurance company. However, you are ultimately responsible for the full payment of your account and for questioning your insurance company about delays in payment and/or the amount they pay. If you believe you received this bill in error, you should contact our office immediately to avoid further collection processing.

UHS Western Region CBO
P O BOX 31001-0827
PASADENA, CA 91110-0827



05/29/2020

[REDACTED]
CARMEN QUINTERO
[REDACTED]
[REDACTED]

Patient Name: Carmen Quintero
Admission/Registration Date: 03/23/2020
Account Number: [REDACTED]
Account Balance: \$1,010.00
Total Charges: \$6,018.00

PAYMENT REMINDER

Dear Carmen Quintero:

Our records indicate that there is currently an open balance of \$1,010.00. If you have recently paid the balance, please disregard this reminder. If you have not, please know that we have many options to assist you in resolving your account. Patients can send payments by mail with the detachable coupon at the end of this letter, or visit our online portal and follow the instructions to pay online. Please contact our Customer Service Department for any additional questions regarding payment arrangements or your statement. Thank you for being a valued patient/guarantor and we look forward to continuing to provide you the highest quality of care.

Important: Billing Questions or patient care concerns, bankruptcy notices and any other correspondence should be addressed to:

UHS Western Region CBO
Customer Service
2700 Fire Mesa Street
Las Vegas, NV 89128

Monday – Friday 8:00AM to 5:00PM PST
Customer Service 866-221-1977
Email: NVCBO@uhsinc.com
<http://www.coronaregional.com>

UHS Western Region CBO
P O BOX 31001-0827
PASADENA, CA 91110-0827

STATEMENT DATE: 05/29/2020
DUE DATE: 06/08/2020

Check if address/insurance changes are on back.

CARMEN QUINTERO
[REDACTED]
[REDACTED]

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARD NUMBER			CVV CODE
SIGNATURE			EXP. DATE
PATIENT QUINTERO, CARMEN			
ACCOUNT NUMBER [REDACTED]			AMOUNT PAID \$

REMIT AND MAKE PAYMENT TO:
CORONA REGIONAL MEDICAL CTR
P.O BOX 31001-0827
PASADENA, CA 91110-0827
[REDACTED]

Local Covid19 Testing Sites

Lake Elsinore

2499 E. Lakeshore Drive
951-471-4200

Corona

2813 S. Main Street
800-945-6171

Hemet

880 N. State Street
951-766-2450

Riverside

7140 Indiana Avenue
951-358-6000

*Thank you in advance for going to these sites to help reduce the overcrowding currently happening in our ERs!



COVID-19
Scheduling
number:

800-945-6171

~~Tues April 7th~~
~~3:45pm~~
~~Appointment Date~~
Carmen Quinto