



PROFESSIONAL BILL ACTIVITY

TIFFANY K ANDERSON
2 N AVENA AVE
LODI, CA 95240

Guarantor Account #: 32070238
Bill Date: 12/29/2013
Amount You Owe: \$2,346.00
Due Date: 01/28/2014

Professional Bill Summary

Table with 2 columns: Description and Amount. Rows include Charges (\$2,356.00), Paid by Insurance / Adjustments (\$0.00), Paid by You (-\$10.00), and Amount You Owe (\$2,346.00).

Table with 2 columns: Description and Amount. Rows include Please Pay This Amount (\$2,346.00), Current Due (\$1,376.00), Past Due (\$970.00), and Due Date (01/28/2014).

Billing Questions?
Contact: Patient Financial Services Call Center
Hours of Operation: Monday - Friday 8:00 a.m. to 5:00 p.m. PT
Phones: (800) 201 - 2123
Pay Online: kp.org/paymedicalbills

Please see back of statement for important notices.
Ver el reverso del comunicado.
請見說明書反面

Thank you for choosing Kaiser Permanente.

Go green-pay this medical bill online at kp.org/paymedicalbills.

According to our records, \$970.00 recently became PAST DUE. Please review your bill and pay the "Amount You Owe" in full. If you have made a full payment recently, please disregard this bill.

Please make check or money order payable to Kaiser Foundation Health Plan. Detach coupon and return with your payment in the envelope provided.



(Please do not send payment to this address)
PO BOX 830913
BIRMINGHAM, AL 35283-0913

P N



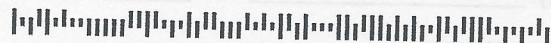
ADDRESSEE:

AT 01 005547 15730E 21 A**3DGT

TIFFANY K ANDERSON
2 N AVENA AVE
LODI, CA 95240-2808

Payment form with fields for Guarantor Number (32070238), Amount Due (\$2,346.00), Due By (01/28/2014), and CREDIT CARD USED FOR PAYMENT (MasterCard, Discover, Visa, American Express).

Submit Payment To:



KAISER FOUNDATION HEALTH PLAN, INC.
FILE 50016
LOS ANGELES, CA. 90074-0016

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