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DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Please retain this statement for your records. If you need assistance please contact Customer Service at 571-423-5750. For Financial Assistance, please call 571-423-5880. Refer to the back of this statement or visit inova.org for more information.

Date of Service	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
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02/21/17	ALLISON, TRACI - Inova Family Medicine-Springfield OFFICE OUTPATIENT NEW MODERATE COVENTRY Payments Total Insurance Adjustments Total Insurance payments and adjustments	267.00	0.00 -100.69 -100.69		166.31
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Payments will be reflected within 5 business days of receipt.

PAYMENTS TO BE APPLIED: \$0.00

PAY THIS AMOUNT
\$166.31

Thank you for choosing Inova for your healthcare needs. The amount due on this statement reflects your financial responsibility. Please pay the full amount indicated. If you need assistance, please contact Customer Service at 571-423-5750. Payments will be reflected within 5 business days of receipt. Thank you.

If you use your bank's online bill pay services please update your guarantor account number and our payment address as they have recently changed. This will ensure that posting of your Inova payment is not delayed. Call your bank if you need assistance.

For Online Bill Pay, visit inova.org/billing or if you have a MyChart account with Inova, you may use MyChart to pay your bill online. Please have your statement available as it contains information needed for online services.

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