



**SENTARA®**

PO BOX 2090  
MORRISVILLE, NC 27560

To pay by credit card, complete the section below

Card Number	Exp. Date
Signature	CW Code
Amount to Pay	

VISA   
 MasterCard   
 DISCOVER NETWORK   
 AMERICAN EXPRESS

STATEMENT DATE	PATIENT NAME	GUARANTOR NO	DUE DATE	AMOUNT DUE	AMOUNT ENCLOSED
8/23/2021	Michael Harbuck	111857611	09/22/21	\$585.72	

#01076

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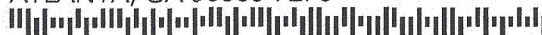
1076 1 AB 0.428

MICHAEL HARBUCK  
130 ANDERSON RD  
ROXBORO NC 27573-4556



**Make checks payable and remit payment to:**

SENTARA HEALTHCARE  
PO BOX 117276  
ATLANTA, GA 30368-7276



0011185761120210823HB000585726

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Statement Date	8/23/2021
Guarantor Number	111857611
Guarantor/Responsible Party	Michael Harbuck
Payment Due Date	September 22, 2021

**Pay via MyChart**  
*(Recommended)*

Visit [myhealth.sentara.com](http://myhealth.sentara.com) and follow instructions.

**Pay as Guest**

Visit: [www.sentara.com/billing](http://www.sentara.com/billing) and follow instructions to pay as guest.

**Pay by Mail**

Send in your check along with the payment coupon above.

**Pay by Phone**

Call customer service at 757-233-4500 during normal business hours or 877-768-3994 if calling long distance.

## What you owe now

# \$585.72

Payment Due September 22, 2021

To make a partial payment on individual accounts, visit [www.sentara.com/billing](http://www.sentara.com/billing).

We have billed insurance, if provided, and any outstanding claim(s) has been processed. "What you owe now" includes balances currently due from you for hospital services with Sentara Healthcare. See page 2 for more details.

**Financial Assistance** - If you need assistance with your hospital bill, please contact a Financial Assistance coordinator at 757-233-4600 for information regarding the hospital's financial assistance policy and how to apply for financial assistance. This policy, along with a plain language summary of the Policy and an application for financial assistance may be obtained at [www.sentara.com/financialassistance](http://www.sentara.com/financialassistance).

**MyChart - An Easy On-Line View for Clinical and Financial Information**

As a Sentara Healthcare patient, you can access your health information and make payments on your account online by setting up a MyChart account. Visit [myhealth.Sentara.com/Enrollment](http://myhealth.Sentara.com/Enrollment) and enter your MyChart code below to sign up today.

MyChart Code: XN4XD-3TJ8D-T8GPS



Statement Date  
 Guarantor Number  
 Guarantor/Responsible Party  
 Payment Due Date

8/23/2021  
 111857611  
 Michael Harbuck  
 September 22, 2021

## Patient Balance Summary

### Current

Provider: SENTARA HALIFAX REGIONAL      Service Type: Observation/Short Stay  
 Account Number: 24000194846      Admission Date: 8/1/2021      Discharge Date: 8/2/2021  
 Patient Name: Michael Harbuck      Attending Physician: Witko, James F, MD

Date	Description	Amount
	Pharmacy - General Classification	\$60.55
	IV Therapy - General Classification	\$301.00
	Medical/Surgical Supplies And Devices - General Classification	\$154.00
	Laboratory - General Classification	\$3,014.00
	Laboratory Pathological - Cytology	\$1,272.00
	Ct Scan - Body Scan	\$6,783.00
	Other Imaging Services - Ultrasound	\$1,405.00
	Emergency Room - General Classification	\$1,018.00
	Pulmonary Function - General Classification	\$177.00
	Ambulatory Surgical Care - General Classification	\$703.00
	Pharmacy - Drugs Requiring Detailed Coding	\$1,470.29
	Ekg/Ecg (Electrocardiogram) - General Classification	\$220.00
	Treatment/Observation Room - Treatment Room	\$1,515.00
	Treatment/Observation Room - Observation Room	\$2,058.00
	Professional Fees - Ekg	\$124.00
8/23/2021	Insurance Payment - Bcbs North Carolina	-\$10.04
8/23/2021	Insurance Adjustment - Bcbs North Carolina	-\$113.96
8/23/2021	Insurance Payment - Bcbs North Carolina	-\$7,756.30
8/23/2021	Insurance Adjustment - Bcbs North Carolina	-\$11,808.82
	<b>Amount Due</b>	<b>\$585.72</b>

You have a balance due on your account. Please contact us to resolve this outstanding balance on your account.

We have billed insurance, if provided, and any outstanding claim(s) has been processed. "What you owe now" includes balances currently due from you for hospital services with Sentara Healthcare. This is what the patient owes after insurance. This amount does not include any balances that may have been sent to collections. If you are paying by check, please write your Guarantor Number on your check and make your check payable to Sentara Healthcare. This will ensure your payment goes to the correct account.

Applies	May Apply	Does Not Apply
<ul style="list-style-type: none"> <li>• Fully insured managed care plans, including those bought through</li> </ul>	<ul style="list-style-type: none"> <li>• Employer-based coverage</li> <li>• Health plans issued to an employer</li> </ul>	<ul style="list-style-type: none"> <li>• Health plans issued to an association outside Virginia</li> <li>• Health plans that do not use a</li> </ul>