

THE UNIVERSITY OF CHICAGO PHYSICIANS GROUP
 75 REMITTANCE DRIVE, SUITE 1385
 CHICAGO, IL 60675-1385
 (773) 702-1150



#59

2734

John Mccauley
 1826 W SCHOOL ST
 CHICAGO IL 60657-6976



Important Message

Thank you for choosing The University of Chicago Physicians Group (UCPG). This is a statement of your account for services provided by UCPG physicians.

Payment Is Due Upon Receipt Of Statement. Please Remit Balance In Full.

If you have any questions, need to make payment arrangements or need to obtain an itemized bill, please contact a UCPG patient representative at 773-702-1150, Monday - Friday, 8:00 am to 4:30 pm.

NOTE: This is a statement for physician services ONLY. You may receive a separate bill for hospital services.

The University of Chicago Physicians Group offers financial assistance programs which may help you if you are uninsured or underinsured. Please contact our Patient Inquiry staff at 773-702-1150, Monday through Friday, 8:00am - 4:30pm to discuss if you qualify.

Account Summary

Account Number	3-835500
Statement Date	05/17/2010
Patient Payment	\$ 0
Total Account Balance	\$ 477.00
Charges Pending With Insurance	\$ 0
Patient Amount Now Due	\$ 477.00

Insurance Information

Please confirm that information is correct.

Insurance 1 BLUE CROSS AND BLUE SHIELD OF ILL

Summary of Services and Charges

TAX ID #: 36-2177139

Invoice Number: 3-8248952 Service Date: 02/06/2010 Location: Center Of Reproductive Medicine
 Provider: David P Cohen, MD, Infertility

Services and Charges

02/06/2010 89343 Cryostorage Sperm / Semen Year	\$	477.00
Total Charges.....	\$	477.00
ICD9: V26.89 Referring Physician:		

Payment Activity

03/19/2010 Edi 837 Claim Filed With Bcbs		
03/29/2010 Payment From Blue Cross/Blue Shield		
Payment	\$	0
Adjustment	\$	0
Amount Now Due For This Service	\$	477.00

DETACH HERE AND RETURN

Statement Date: 05/17/2010

Invoice Number	Dollar Amount	Invoice Number	Dollar Amount
<input type="checkbox"/> 3-8248952	\$477.00		

Please Note: Payments are applied to oldest invoice when not specified.

Patient Name	Date Due
John Mccauley	05/27/2010
Amount Now Due	Amount I Am Paying
\$ 477.00	\$

Check here if your address or insurance information has changed. Please indicate changes on the back of this page.

To pay by credit card: For your convenience, you may pay by Visa, MasterCard, American Express or Discover. Please indicate your credit card preference, provide the account information, and sign below.



Account No. _____

Expiration Date _____

Signature X _____

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 Chicago, IL 60675-1385



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THE UNIVERSITY OF CHICAGO PHYSICIANS GROUP
75 REMITTANCE DRIVE, SUITE 1385
CHICAGO, ILLINOIS 60675-1385

12/1

JOHN MCCORMY
1528 W SCHOOL ST
CHICAGO, IL 60647-8378

Do We Have Your Insurance Information?

Complete this insurance information area only if information has not been previously provided or has changed.
MAIL THIS STUB TO: The University of Chicago Physicians Group, 75 Remittance Dr., Suite 1385, Chicago, IL 60675-1385

1. Primary Insurance: Medicare HMO PPO IPA

Patient Name _____

Insurance Co. Name _____ Effective Date _____

Insurance Co. Address _____

City/St _____ Zip _____ Phone _____

Policy # _____ Group # _____

Policy Holder's Name _____ Relationship _____

Policy Holder's S.S. # _____ Employer _____

Subscriber's Date of Birth _____

2. Secondary Insurance: Medicare HMO PPO IPA

Patient Name _____

Insurance Co. Name _____ Effective Date _____

Insurance Co. Address _____

City/St _____ Zip _____ Phone _____

Policy # _____ Group # _____

Policy Holder's Name _____ Relationship _____

Policy Holder's S.S. # _____ Employer _____

Subscriber's Date of Birth _____

I authorize UCPG to submit any or all medical data to my insurance company, and authorize the assignment of any benefits or payments to the hospital. I understand I am financially responsible to the physician for charges not covered by this authorization. Please return with copies of the front and back of your insurance card(s).

Signed _____ Date _____

CHANGE OF ADDRESS

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____