

UNITED PATHOLOGY ASSOCIATES
 MSC 700
 P O BOX 4359
 HOUSTON, TX 77210-4359

Statement Questions Call 281-974-2038
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IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMEX, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT

MASTERCARD MASTER
 DISCOVER
 VISA
 AMEX

CARD NUMBER _____ EXP. DATE _____ * ID CODE _____

NAME ON CARD _____ SIGNATURE _____

STATEMENT DATE _____ PAY THIS AMOUNT _____ ACCOUNT NUMBER _____

*LAST THREE DIGITS ON BACK OF CREDIT CARD SHOW AMOUNT PAID HERE \$ _____

ADDRESSEE

PLEASE REMIT TO



UNITED PATHOLOGY ASSOCIATES
 MSC 700
 P O BOX 4359
 HOUSTON TX 77210-4359

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT

* IDENTIFICATION CODE, LAST THREE DIGITS ON BACK OF MC, DISCOVER, AND VISA AMEX. 4 DIGIT NUMBER PRINTED ABOVE ACCOUNT NUMBER ON THE FACE OF CARD

DATE	PATIENT	PROVIDER	CPT4	DESCRIPTION OF SERVICE	CHARGE	RECEIPT FROM INS.	RECEIPT FROM PAT.	ADJUST.	INS. BAL.	PAT. BAL.
			88305	TISSUE EXAM BY PATHOLOGIST	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
			88313	SPECIAL STAINS	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
			88342	IMMUNOHISTOCHEMISTRY	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
CURRENT		30-60 DAYS	60-90 DAYS	90-120 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE		DUE FROM PATIENT \$0.00		
\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				

These medical services were provided by an out-of-network provider. Your claim has been appealed to be reprocessed as in-network under the RAP's provision (applies to out-of-network services when treated by an in-network physician at an in-network facility). Please call your insurance plan to request your claim be paid in-network to minimize your out-of-pocket expense. If no additional payment is received, the full balance may be your responsibility. Please call our office at (281) 974-2038 or email pathbill@ascentrevenue.com for further assistance. Thank you.