Brackenmill Family Health

2210 Coldbrook Avenue, Suite 300
Fairhollow, OH 45183
Billing office: (555) 555-0142 | billing@brackenmillhealth.example

PATIENT STATEMENT

Statement Date: **July 29, 2026**
Statement Number: **ST-2026-118374**

PATIENT AND ACCOUNT

Patient Name	**Ada M. Rensford**
Date of Birth	**03/14/1978**
Medical Record Number	**MRN-100-55-3821**
Account Number	**BFH-4471-2098**
Guarantor	**Self**
Mailing Address	**4128 Lantern Ridge Road, Apt 2B, Fairhollow, OH 45183**
Statement Period	**06/01/2026 – 07/28/2026**
Treating Provider	**Nolan Ekstrand, MD**
Provider NPI	**1043998217**
Practice Tax ID	**47-1938204**

INSURANCE

Primary Plan	**Merrowfield Health Plan**
Plan Type	**PPO Select 2000**
Member ID	**MHP884203771**
Group Number	**7A2214**
Claim Number	**MHP-2026-4417832**
Claim Status	**Processed 07/22/2026**
Secondary Plan	**None on file**
Prior Authorization	**Not required**
Payer Contact	**(555) 555-0188**

ACCOUNT ACTIVITY

Previous balance	$45.00
Patient payment received 06/30/2026	–$45.00
Charges this period (8 services)	$1,334.00
Insurance contractual adjustments	–$854.40
Insurance payments	–$390.08

BALANCE DUE

PAY THIS AMOUNT

$89.52

Due by **August 28, 2026**

Late fee of $15.00 applies after the due date.

PLAN YEAR ACCUMULATORS (AS OF 07/28/2026)

$1,120.48 of $1,500.00
Individual deductible

$2,341.90 of $6,000.00
Individual out-of-pocket maximum

Coinsurance after the deductible is met: plan pays 80%, patient pays 20%.

Financial assistance. Interest-free payment plans of up to 12 months are available. To apply, mark the request box on the payment coupon or call the billing office.

ITEMIZED SERVICES

DATE	CODE	DESCRIPTION	NOTE	CHARGE	ALLOWED	PLAN PAID	YOU OWE
06/18/2026	99214	Office visit, established patient, level 4	A1	$285.00	$172.40	$137.92	$34.48
06/18/2026	36415	Routine venipuncture	A1	$42.00	$12.15	$9.72	$2.43
06/18/2026	80053	Comprehensive metabolic panel	A1	$168.00	$48.60	$38.88	$9.72
06/18/2026	85025	Complete blood count with differential	A1	$96.00	$22.90	$18.32	$4.58
06/18/2026	83036	Hemoglobin A1c	A1	$110.00	$26.75	$21.40	$5.35
06/18/2026	93000	Electrocardiogram, 12-lead, with interpretation	A1	$215.00	$68.30	$54.64	$13.66
06/25/2026	71046	Chest X-ray, 2 views	A1	$340.00	$96.50	$77.20	$19.30
06/25/2026	90686	Influenza vaccine, quadrivalent	P1	$78.00	$32.00	$32.00	$0.00

NOTE CODES

A1	Covered service, subject to plan coinsurance.
P1	Preventive service. Paid at 100% of the allowed amount.

WAYS TO PAY

Online: pay.brackenmillhealth.example

Automated phone line: (555) 555-0155

Mail: send a check with the coupon

In person: front desk, weekdays 8:00 a.m. to 5:00 p.m. Eastern

QUESTIONS ABOUT THIS BILL

Contact the billing office within 30 days of the statement date using the phone number or email address in the letterhead. For questions about how the claim was processed, call Merrowfield Health Plan at the payer contact number listed under Insurance and give them your claim number.

✂ Detach and return the lower portion with your payment.

Amount Enclosed $ 89.52

Check Number 2041

Daytime Phone 555-555-0173

Signature Ada M. Rensford

Signed On 8/12/26

Payment method

- [x] Check enclosed
- [ ] Credit or debit card, paid online
- [ ] Request a payment plan
- [ ] Request a financial assistance application

Address or insurance change?

- [ ] Yes, my information changed
- [x] No change

Mail to

Brackenmill Family Health
P.O. Box 7714
Fairhollow, OH 45184-7714

Do not send cash. Write your account number on the check.