



Thank you for choosing Dr. Wynstock for all your family's health care needs.

Statement date: 09/16/2018  
 Responsible Party: AUDREY IMSTEPF  
 Account Number: 31070089  
**Due Date: Upon Receipt**

## REQUEST FOR PAYMENT

### Account Summary (All Accounts)

Total Charges \$ 241.00  
 Insurance Payments / Adjustments \$ 123.82  
 Patient Payments \$ 0.00

**AMOUNT YOU OWE \$ 117.18**

Your prompt payment is appreciated!

### Insurance Information

If your insurance has changed, we need a copy of front and back of your insurance card.

### Important Message

Effective April 1st, 2017, we have moved to 950 S Arroyo Pkwy, 3rd Floor, Pasadena CA 91105.  
 Office telephone: (626) 793-6113  
 Billing Office telephone: (626) 768-4420  
 Billing Office email: [billingquestions@earthlink.net](mailto:billingquestions@earthlink.net)

### Payment and Other Information



Please pay by mail or over the phone.



To pay online go to [www.ppaya.com/wynstock](http://www.ppaya.com/wynstock)

LORI J WYNSTOCK M.D.  
 BUSINESS OFFICE  
 35 E GLENARM ST  
 PASADENA, CA 91105-3418

### Pay By Mail

Account # 31070089  
 Invoice # 765481328

Amount Due	Due Date	Amount Paid
<b>\$ 117.18</b>	<b>Upon Receipt</b>	<b>\$</b>

Credit Card Number	Exp. Date	Circle Card  
Credit Card Holder's Signature	CVV Code	 

024250

COL11S 1084002 562756404  
 AUDREY IMSTEPF  
 608 Moulton Ave  
 Los Angeles, CA 90031-3237



LORI J WYNSTOCK M.D.  
 950 S ARROYO PKWY 3RD FLOOR  
 PASADENA, CA 91105-3930



<b>Patient Name: AUDREY IMSTEPF</b>		<b>Account Number: 31070089</b>	<b>Date(s) of Service: 04/29/2018</b>
<b>Recent Activity</b>			<b>Account Summary</b>
04/29/18	HOME VST EST PT MOD TO HI SEVERITY	\$241.00	<b>Total Charges</b> \$ 241.00
06/25/18	\$117.18 TOWARDS DEDUCTIBLE		Insurance Payments / Adjustments \$ 123.82
06/25/18	PAYMENT BY MEDICARE SERVICE CENTER *	- \$12.68	Patient Payments \$ 0.00
06/25/18	ADJUSTMENT BY MEDICARE SERVICE CENTER *	- \$107.87	<b>AMOUNT YOU OWE</b> \$ 117.18
06/29/18	INSURANCE HAS APPLIED \$117.18 TO YOUR DEDUCTIBLE		
06/29/18	PAYMENT BY AETNA SSI	- \$3.27	
06/29/18	POLICY DOES NOT COVER DEDUCTIBLE	\$0.00	
To pay online go to <a href="http://www.ppaya.com/wynstock">www.ppaya.com/wynstock</a>			

<b>Due Date</b>	<b>AMOUNT YOU OWE</b>
<b>Upon Receipt</b>	<b>\$ 117.18</b>

**CHANGE OF ADDRESS OR HEALTH INSURANCE INFORMATION**

If you have new health insurance or a new address, please enter the information below.

31070089

NEW ADDRESS	CITY	STATE	ZIP CODE	NEW PHONE
POLICY HOLDER'S NAME/RELATIONSHIP TO PATIENT		POLICY ID #		GROUP #
EFFECTIVE DATE	BIRTH DATE OF INSURED	HMO/PPO/OTHER	INSURANCE PHONE #	
IF GROUP INSURANCE, NAME OF GROUP (EMPLOYER, UNION/ASSOCIATION)				
INSURANCE COMPANY NAME		INSURANCE ADDRESS		
EMPLOYER		EMPLOYER ADDRESS		