

## Important Messages

Resurrection Health Care is committed to providing you with the highest quality of care. We hope to serve you again the next time health care needs arise.

This statement represents hospital charges only. You may receive a separate bill from a radiologist, cardiologist, pathologist, other specialty doctors, or your own physician.

## Financial Assistance

If you think you may have difficulty paying this bill and would like information regarding payment options, financial assistance or charity care, please call our Customer Service Representative.

¿Necesita ayuda para pagar sus facturas, asistencia financiera ó información sobre ayuda caritativa? Por favor, llame al número de servicio al cliente.

Czy potrzebujesz pomocy w zaplaceniu rachunku, wsparcia finansowego lub informacji na temat pomocy charytatywnej? Prosimy o kontakt z naszym dzialem obslugi pod numerem telefonu.

## Contact Us

### Pay Your Bills Online

A simple and secure way to access your updated account information and pay your accounts online.  
[www.reshealth.org](http://www.reshealth.org)

- Pay your bill
- Submit questions via e-mail
- Find helpful hints on understanding billing
- Add / change insurance information

### Customer Service 1-866-261-3292

Between the hours of 8:00 AM to 8:00 PM  
Monday through Thursday and 8:00 AM to 5:00 PM  
on Friday.

You may also e-mail your inquiry to:  
[CustomerService@reshealthcare.org](mailto:CustomerService@reshealthcare.org)

RES101.A47SQ6000016.JOCKFX.000031 000016

>00097 7827545 001 092127

PETR GUDKOV  
1110 PROSPECT LN  
DES PLAINES IL 60018-2028

|||||

## Account Summary

Statement Date	10/20/2012
Service Date	10/16/2012
Service Type	OUTPATIENT
Guarantor Account Number	208427
Billed Charges	\$6,628.00
Payments and Discounts	-\$2,651.20
Amount Due	\$3,976.80

Please see the reverse side for individual visit detail.

## Insurance Information

Our records indicate that you have no insurance coverage. If you do have insurance, please contact our Customer Service Representative at 1-866-261-3292 or through our web site at [www.reshealth.org](http://www.reshealth.org).



Resurrection  
Health Care

SAINT JOSEPH HOSPITAL  
2900 NORTH LAKE SHORE DR  
CHICAGO, IL 60657

- ✓ Please make check payable to **Resurrection Health Care**
- ✓ Please include your account number on your check.
- ✓ Enclose this payment stub with your payment.

☐ Check box if you have updated address/insurance carrier information on reverse side.

RESPONSIBLE PARTY	ACCOUNT NUMBER	DUE DATE	AMOUNT DUE IF PAID AFTER 11/19/12	AMOUNT ENCLOSED
PETR GUDKOV	208427	11/19/12	\$3,976.80	

Statement Date: 10/20/2012

Pay online at [www.reshealth.org](http://www.reshealth.org)

SAINT JOSEPH HOSPITAL  
62392 COLLECTION CENTER DR  
CHICAGO IL 60693-0623  
|||||

Check One: (If Charge Complete Information Below)

☐ Payment Enclosed ☐ Charge

☐ VISA ☐ MasterCard ☐ AMERICAN EXPRESS ☐ DISCOVER

Credit Card Number Exp. Date

Credit Card Holder's Signature CVV Code

(Cannot be processed without Signature and CVV Code - 3 Digit code on back)

paid in full 11/23/2012

Phone #: 1-866-372-6660

Patient Name: PETR GUDKOV

Office Hours: 8:00am - 4pm CST Mon - Fri

→ To Pay Your Bill On Line: [www.myzpay.com/57324](http://www.myzpay.com/57324) ←

Stmnt ID#: 218740697



96505-2

PETR GUDKOV  
1110 PROSPECT LN  
DES PLAINES IL 60018-2028

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
10/27/12	\$500.00	CHIC-J9512290117

CHARGES AND CREDITS MADE AFTER STATEMENT  
DATE WILL APPEAR ON NEXT STATEMENT.

SHOW AMOUNT  
PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

CHICAGO IMAGING ASSOCIATES, LL  
PO BOX 371863  
PITTSBURGH PA 15250-7863



0000218740697000005732400000500000001

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

### STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH  
YOUR PAYMENT IN ENCLOSED ENVELOPE

Date	Doctor	Code	Description	Amount
10/16/12	JACK D LYONS MD	78815	TUMOR IMAGE PET/CT SKUL-THIGH	500.00

*paid  
in full*

*11/23/2012*

Payments by check will be converted into electronic fund transfers. Funds may be debited from your account as soon as the same day payment is received

Acct #: CHIC-J9512290117

Pt Name: PETR GUDKOV

Location Of Service: SAINT JOSEPH HOSPITAL

Tax ID: 01-0680059

DX Code: DIAGNOSIS 202.80

Phone #: 1-866-372-6660

BALANCE DUE

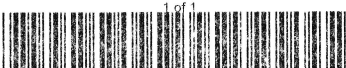
\$500.00

This bill is your responsibility. If you have insurance to cover this balance,  
please call us with your insurance information. Thank you.

CHICAGO IMAGING ASSOCIATES, LL  
PO BOX 371863  
PITTSBURGH PA 15250-7863

### STATEMENT

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION



96505-2

-1802361

Due to privacy laws; when calling please be prepared to provide the patient's date of birth, address, and Social Security Number.

Responsible Party		Account Information	
011	Petr Gudkov 1110 Prospect Ln Des Plaines, IL 60018	Patient Name:	Petr Gudkov
		Account Number:	222766700011
		Discharge Date:	11/30/12
		Total Charges:	\$2,965.41
		Statement Date:	01/14/13
		Account Balance:	\$1,334.43
Send This Amount To Payment Address Below			
<b>STATEMENT OF ACCOUNT</b>			

Dear Petr Gudkov,

Recognizing you have a choice in selecting your healthcare provider, thank you for choosing Loyola University Medical Center.

This statement reflects the unpaid balance on your account. We appreciate your prompt attention to this outstanding balance. For your convenience, we accept payment over the phone by check, credit card, or debit card through our automated payment system at no additional cost.

If you have already sent payment in full, thank you.

356960  
confirm  
1/17/2013  
paid \$1,334.43

LOYOLA UNIVERSITY MEDICAL CENTER  
NPAS, Inc.

If you feel that you may qualify for financial assistance, please contact our office at the number above.

PLEASE SEE REVERSE SIDE OF THIS PAGE AND INSERT PAGE FOR IMPORTANT RIGHTS



Please Detach and Return This Portion With Your Payment

Statement Date 01/14/13

☐ If your address changed, check this box and complete form on back.

Petr Gudkov  
1110 Prospect Ln  
Des Plaines, IL 60018

Account Number	222766700011
Payment Due Date	01/29/13
Balance Due	\$1,334.43
Payment Amount Enclosed	

We accept payment by credit card, check, or money order. If paying by check, please make check payable to the hospital and include your patient account number on the check to ensure proper credit. You may also pay by phone or online at our web site listed above.

PLEASE DETACH THIS COUPON AND RETURN WITH PAYMENT TO THE ADDRESS BELOW:

LOYOLA UNIVERSITY MEDICAL CENTER  
P.O. BOX 3021  
MILWAUKEE, WI 53201-3021



Credit Card Authorization (please check one)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VISA	DISCOVER	AMERICAN EXPRESS
Credit Card Number			Exp. Date
<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>			<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>
Cardmember's Signature			\$ Amount

00022276670001100001334437

GUDKOV, PETR	Age & Sex	36 M
1110 PROSPECT LANE	Adm Stat	OUT
DES PLAINES, IL 60018	Adm/Ser	10/18/12
(847)299-2585 (H)	Dischrg	
	Svc/Loc	ONC
GUAR: 000-00-0000	Acct Type	OUT
GUDKOV, PETR	Fee Sched	
1110 PROSPECT LANE	Bill Grp	OUT
DES PLAINES, IL 60018	Stmnt Grp	SP
(847)299-2585 (H)	Last Stmnt	

Status	UB	Contract	
Agency		VST RSN	CONSULT
UR Chgs		PT DOB	01/15/76
AR Chgs		PT SSNO	
Balance		SPVERIFY	
Insurance	Balance	Age Date	Collector
SP			UCBEDW

# Process Routines

11. Edit Patient
12. View Patient
13. Inquiry/List Formats
21. Edit Ins Balances
22. Reorder/Reprorate Bill
23. Reverse And Flag Txn
34. Demand A Bill
35. Process A Bill
40. Xfer To/Fr Col Agency
41. E/E Pt. Contract
42. Print A Statement
43. Edit Statement Info
45. E/E Comment
46. E/E Reminder
47. Respond To Reminder
48. Print/Queue A Letter
50. Other Routines

10-18-12 **PAID** 8000.00 CMS  
pd in CASH

10/18/12 **PAID** 9000.00 CMS  
pd by Visa

Total Amt pd  
17,000.00

GUDKOV, PETR	Age & Sex	36 M
1110 PROSPECT LANE	Adm Stat	REC
DES PLAINES, IL 60018	Adm/Ser	11/07/12
(847)299-2585 (H)	Dischrg	
	Svc/Loc	ONC
GUAR: 000-00-0000	Acct Type	REC
GUDKOV, PETR	Fee Sched	
1110 PROSPECT LANE	Bill Grp	RECSP
DES PLAINES, IL 60018	Stmnt Grp	SP/REC
(847)299-2585 (H)	Last Stmt	

Status	UB	Contract	
Agency		VST RSN	LA/MD/TX
UR Chgs		PT DOB	01/15/76
AR Chgs		PT SSNO	
Balance		SPVERIFY	

Insurance	Balance	Age Date	Collector	Lpay Dat	Lpay Amt
SP			UCBEDW		

- ### Process Routines
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  - 46. E/E Reminder
  - 47. Respond To Reminder
  - 48. Print/Queue A Letter
  - 50. Other Routines



**PAID**  
 11-7-12 17,000.<sup>00</sup>  
 pd by CMS  
 check # 1916295

434461406887  
EDWARD HOSP OUTPATIENT  
801 SOUTH WASHINGTON STREET  
NAPERVILLE,IL. 60540  
630-527-3202

Merchant ID: 434461406887

Term ID: 001

**Sale - Approved**

Date: 11/28/12

Time: 18:08:00

Card Type: Visa

Entry Method: Swiped

Card #: XXXXXXXXXXXXX4619

Invoice #: 8253

Approval Code: 750711

Customer Ref: GUDKOV,PETR

**Amount**

**\$17,000.00**

I agree to pay the above total amount according to the card  
issuer agreement. (Merchant agreement if credit voucher)

Customer Copy