Premier Health
Premier Physician Network

ACCOUNT NUMBER	STATEMENT DATE	DUE DATE
123456	01/14/2026	01/31/2026

TOTAL PAYMENT DUE **$ 11.78**

Account Detail

PATIENT NAME: JANE DOE

DATE	DESCRIPTION	AMOUNT CHARGED	AMOUNT PAID	AMOUNT ADJUSTED	GUARANTOR BALANCE
	Detail for SOUTH DTN FAMILY PHYS - 937-857-5643 - 8:00a - 6:00p				
	(M-F) Encounter #: 921310-00000000				459.00
12/17/25	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	79.00			
12/17/25	PDIC COMPRE PREV MED REE/M EST PT 65+	200.00			
12/17/25	ANNUAL MEDICARE WELLNESS PHYSICAL, SUBSEQUENT	180.00			
	Detail for SOUTH DTN FAMILY PHYS - 937-857-5643				
	Encounter #: 921310- 00000000				-439.96
01/12/26	INSURANCE PAYMENT - ANTHEM MEDICARE/ANTHEM MEDIBLUE CoPay: 19.04		-223.99		
01/12/26	CONTRACTUAL WRITE-OFF (INSURANCE) - ANTHEM MEDICARE/ANTHEM *			-81.35	
	Have a MyChart Account? Log in to pay your bill Go to: mychart.premierhealthpartners.org				

Important Message:
If you have insurance, any claims filed are listed above. If not, prompt payment will help keep medical costs down. Thank you for entrusting your health care to us.

TOTAL: $11.78

Want to *SAVE* MONEY ON THIS BILL??? AND *FUTURE BILLS* WITH ABLEPAY HEALTH?

To learn more and enroll, scan the QR code with your smart phone or enter ***ablepayhealth.com/premierpn*** into your computer browser.

111885-PP_C_MVH-1

*Please detach and return bottom portion with your payment.

GUARANTOR NAME	ACCOUNT NUMBER
JANE DOE	123456

STATEMENT DATE	BALANCE DUE	DUE DATE	AMOUNT PAID
01/14/2026	$11.78	01/31/2026	

Premier Health
Premier Physician Network
3170 KETTERING BLVD BLDG B SECOND FLOOR
MORAINE, OH 45439-1924
RETURN SERVICE REQUESTED

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

ADDRESSEE:

JANE DOE
1234 ADDRESS WAY
BROOKBANK DR DAYTON OH 45440-2704

MAKE CHECKS PAYABLE AND REMIT TO:

MVHE, INC.
PO BOX 932807
CLEVELAND OH 44193-2807

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