



Account # E5XXXXXXXX

VISA	MASTERCARD	DISCOVER	AMERICAN EXPRESS
CARD NUMBER:		SECURITY CODE:	
SIGNATURE:		EXPIRATION DATE:	

SHOW AMOUNT PAID HERE \$ _____

Study Name: The Best Study, Research [OCRXXXXX]
 PI: Sam Stethoscope

R99 #: 217xxxxxx

STATEMENT DATE	ACCOUNT #	Invoice #	PAY THIS AMOUNT
10/7/2019	E5XXXXXXXX	9XXXXXX	\$967.63

Should you have any questions regarding your account, please call:
 (352) 265-7944
 Monday-Friday 8:30AM- 4:30PM EST

Remit Payments to PeopleSoft Vendor/Supplier:
 0000224064 - UFHealth SBO - Research ACH to TD Bank

Please detach and return top portion with payment.

Previous Charges:

Account #	Date	Amount
2003xxxxxx - The Best Study,Research	07/01/19-07/31/19	\$385.00
2004xxxxxx - The Best Study,Research	08/01/19-08/31/19	\$14.00
8020xxxxxx - Bell,Jax	08/15/19	\$126.39
8020xxxxxx - Aristotle,Leopold	08/29/19	\$128.12
8020xxxxxx - Tesla,Donald	08/09/19	\$128.12

Previous Balance Remaining: \$781.63

Hospital Billing - New Charges

Svc Date	EAP	RevCd	CPT	Description	Qty	Chg Amt	Rsch Amt	Tx ID
Acct #2004xxxxxx The Best Study,Research Outpatient SHANDS AT THE UNIVERSITY OF FLORIDA Clark, Virginia C, MD								
Patient: Aristotle,Leopold MRN: 01xxxxx Sex: Female DOB: 03/19/22 SSN: xxx-xx-2222								
08/09/2019	37500734	0312	88313	SPECIAL STAINS NONORGANISMS II	1	\$166.00	\$31.00	321622902
08/09/2019	37500734	0312	88313	SPECIAL STAINS NONORGANISMS II	1	\$166.00	\$31.00	321622903
08/09/2019	37500734	0312	88313	SPECIAL STAINS NONORGANISMS II	1	\$166.00	\$31.00	321622904
Total charges						\$498.00	\$93.00	
Patient: Tesla,Donald MRN: 021xxxxx Sex: Female DOB: 01/27/22 SSN: xxx-xx-4444								
08/29/2019	37500734	0312	88313	SPECIAL STAINS NONORGANISMS II	1	\$166.00	\$31.00	321625927
08/29/2019	37500734	0312	88313	SPECIAL STAINS NONORGANISMS II	1	\$166.00	\$31.00	321625928
08/29/2019	37500734	0312	88313	SPECIAL STAINS NONORGANISMS II	1	\$166.00	\$31.00	321625929
Total charges						\$498.00	\$93.00	

Hospital Billing - Adjustments

Post Date	Account #	Description	Amount
10/05/19	2004xxxxxx	RESEARCH DISCOUNT	-\$810.00
Total New Adjustments			-\$810.00

Should you have any questions regarding your account, please call: (352) 265-7944	<u>PATIENT NAME</u>	<u>INVOICE #</u>	<u>ACCOUNT #</u>
	SEE LISTED DETAILS	9XXXXXX	E5XXXXXXXX

<p>PLEASE REFER TO ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE</p> <p>Acct ID: 5XXXXXXXX Study: The Best Study [OCRXXXX] R99 #:</p>	<p>To pay research billing statements with a P-card: Call the UF Health Customer Service Department at 352-265-7906 OR Email UFH Customer Service via ptreldept@shands.ufl.edu with the account information only. Do not send the P-Card information by email. Be sure to provide your direct contact information in the email. A UFH Customer Service representative will contact you to obtain the card information.</p> <p>Important Messages: Your account is now greater than 60 days and considered past due. If payment has been made, please accept our thanks. If payment has not been made, payment is necessary to bring your account current. Call the UF Health Research Billing Office if you cannot remit payment in full for the amount due.</p>
Total Account Balance: \$967.63	