Washington University Physicians®
Washington University School of Medicine in St. Louis

660 South Euclid Ave | Campus Box 8239 | St. Louis, MO 63110

WUP400

PHYSICIAN STATEMENT

Billing Questions: 314-273-0500 or 800-862-9980
Mon. - Thurs. 8 a.m. - 7:30 p.m.
Fri. 8 a.m. - 4 p.m.
All Major Credit Cards Accepted

Addressee

Pay Online: www.mypatientchart.org

Guarantor Number	Due Date	Amount Due	Amount Paid
	11/24/2019	$446.53	$

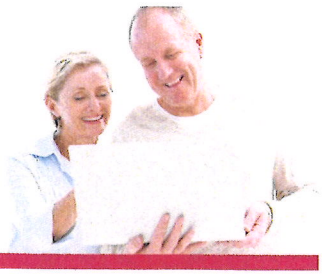
Please make checks payable and remit to:

Washington University Physicians
P.O. BOX 505462
ST. LOUIS MO 63150-5462

Please detach and return top portion with payment.

Guarantor Number	Guarantor Name	Statement Date	Due Date
		11/03/2019	11/24/2019

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
WUSM Center for Outpatient Health				
	Provider: Kelly Mackenzie Macarthur, MD			
	Loc: WU IM DERM CUT COH502			
09/12/2019	CMPLX RPR TRUNK 2.6-7.5 CM	$923.00		
10/10/2019	United Healthcare Payment		-$230.01	
10/10/2019	United Healthcare Adjustment		-$635.49	
09/12/2019	EXC TR-EXT MAL+MARG >4 CM	$870.00		
10/10/2019	United Healthcare Payment		-$494.54	
10/10/2019	United Healthcare Adjustment		-$251.82	
	Balance:			**$181.14**
WU Dermatopathology Lab 81 POS				
	Provider: Jon H. Ritter, MD			
	Loc: WU PA HOSPITAL PRO FEE			
09/20/2019	TISSUE EXAM BY PATHOLOGIST	$300.00		
10/18/2019	United Healthcare Payment		-$210.62	
10/18/2019	United Healthcare Adjustment		-$36.73	
	Balance:			**$52.65**
WUSM Center for Outpatient Health				



Payment Information

- Call **314.273.0500, Option 3** to make a payment.

AMOUNT DUE: $446.53