Optum Statement Example

CIRA

Amount Due:
$64.00

Statement Summary

Account Name:	[redacted]
Account Number:	[redacted]
Statement Date	10/21/2025
Due Date:	Upon Receipt
Total Charges:	$64.00
Total Insurance Payment:	$0.00
Total Insurance Adjustments:	$0.00
Total Patient Payments:	$0.00
Total Patient Adjustments:	$0.00
Amount Due:	**$64.00**

Visit Us Online

Visit us at: https://www.peryourhealth.com
To update your insurance, address, view account, or message our billing office.
[redacted]

NOTE: Please enter the website address exactly as displayed including https://

REQUEST FOR PAYMENT

Billing Questions?

Please Call:
(844) 785-4670
Monday-Friday 8:30AM - 5:00PM EST

Payment Options

Pay Online
https://www.peryourhealth.com
[redacted]

Pay By Phone
To make a payment over the phone, please call us at: (877) 247-2143
[redacted]

Pay By Mail
Please detach and return the bottom portion of this statement with your payment.

MAIL PROCESSING CENTER
Dept OPI001
PO Box 600
Oaks, PA 19456-0600
Do Not Remit Payment to this Address

Temp - Return Service Requested

For help with billing questions, please call: (844) 785-4670
Hours: Monday-Friday 8:30AM - 5:00PM EST

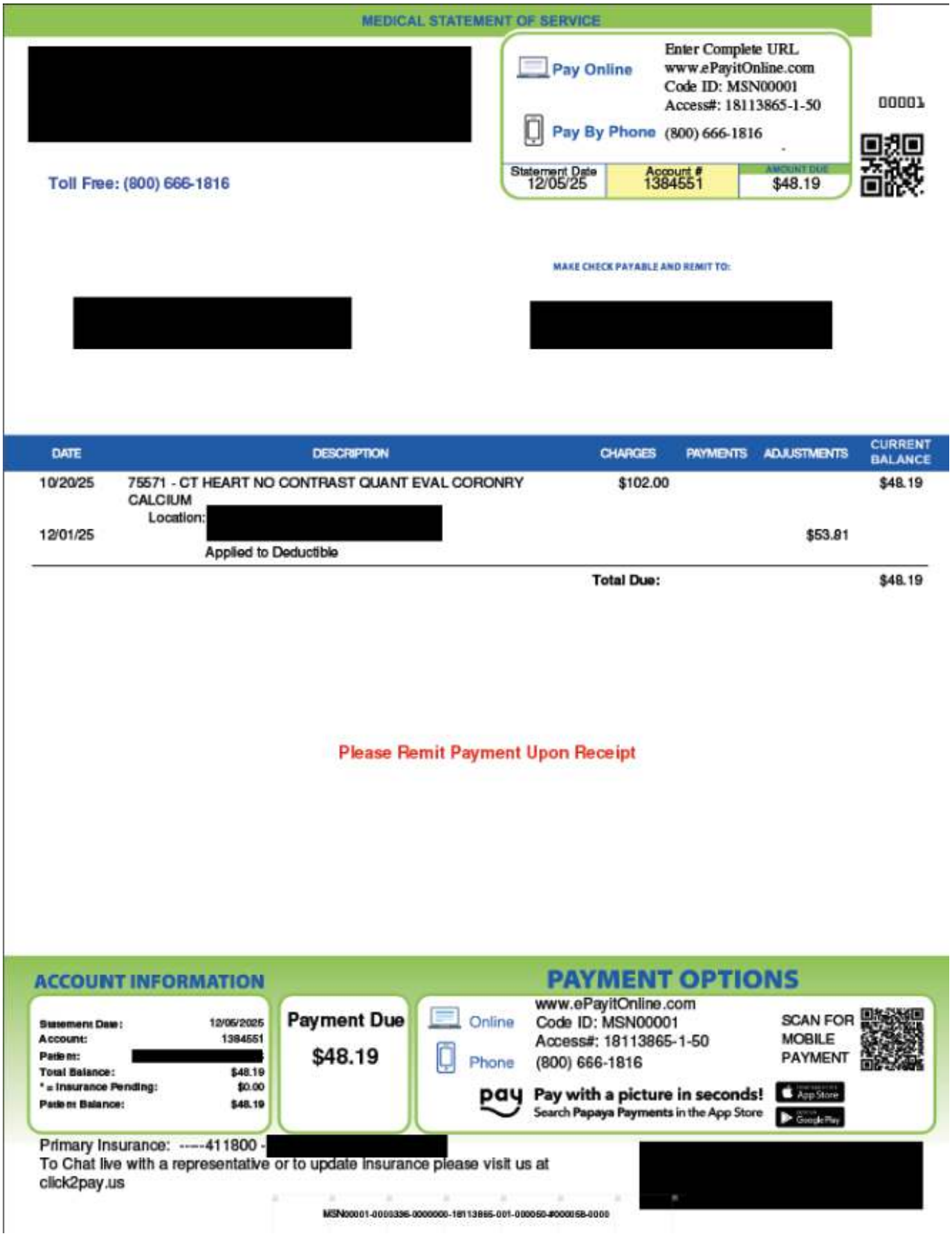
ADDRESSEE:
[redacted]

Account Number:	[redacted]
Due Date:	Upon Receipt
Amount Due:	$64.00
Amount Paid:	$_____

We accept credit card payments over the phone or online.

MAKE CHECKS PAYABLE AND REMIT TO:
CENTRAL ILLINOIS RADIOLOGICAL ASSOCIATES, LTD
PO BOX 775424
CHICAGO IL 60677-5424

MSN Statement Example



MEDICAL STATEMENT OF SERVICE

[redacted]

Pay Online
Enter Complete URL
www.ePayitOnline.com
Code ID: MSN00001
Access#: 18113865-1-50

Pay By Phone (800) 666-1816

00001

Toll Free: (800) 666-1816

Statement Date	Account #	AMOUNT DUE
12/05/25	1384551	$48.19

MAKE CHECK PAYABLE AND REMIT TO:

[redacted]

[redacted]

DATE	DESCRIPTION	CHARGES	PAYMENTS	ADJUSTMENTS	CURRENT BALANCE
10/20/25	75571 - CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM Location: [redacted]	$102.00			$48.19
12/01/25	Applied to Deductible			$53.81	
		Total Due:			$48.19

Please Remit Payment Upon Receipt

ACCOUNT INFORMATION

Statement Date:	12/05/2025
Account:	1384551
Patient:	[redacted]
Total Balance:	$48.19
* = Insurance Pending:	$0.00
Patient Balance:	$48.19

Payment Due
$48.19

PAYMENT OPTIONS

Online
www.ePayitOnline.com
Code ID: MSN00001
Access#: 18113865-1-50

Phone
(800) 666-1816

SCAN FOR MOBILE PAYMENT

pay Pay with a picture in seconds!
Search Papaya Payments in the App Store

App Store
Google Play

Primary Insurance: ----411800 - [redacted]
To Chat live with a representative or to update insurance please visit us at click2pay.us

[redacted]

MSN00001-0000336-0000000-18113865-001-000050-#000058-0000