


## Reading Your New UPMC Statement


**UPMC** **LIFE CHANGING MEDICINE**  
2 HOT METAL ST | DIST. ROOM 386 | PITTSBURGH PA 15203


**Hospital/Physician Statement**

 For questions or to request an itemized statement, please call (412) 864-0284 or (844) 591-5949.  
Email: [patientstatements@upmc.edu](mailto:patientstatements@upmc.edu)

☐ Check if address/insurance changes are on back

**Addressee**






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Account Number	Due Date	Amount Due	Paid
See Below	10/23/2015	\$85.00	\$

**Please make check payable to remitter**



UPMC Health Services  
PO BOX 371472  
PITTSBURGH PA 15250-7142

1. Payment Due Date

Date the payment is due

2. Amount Due

Payment amount due on this statement

3. Paid Amount

Pay online, with a check or money order, or use reverse side of remittance coupon to pay by Credit Card

1

2

3

Date	Service Description	Status	Charges	Payments/ Adjustments	Patient Balance
Current Physician Charges					
	<b>Patient:</b> Account #: Provider: Date of Service: Location:		\$181.00	\$151.60	
	<b>Payment Due:</b>	Current			\$29.40

**Patient  
Account Number**

**Transaction Detail**

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Please see reverse side for our Financial Assistance Policies.

**QUICK PAY**



**SCAN**



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Pay Online: [upmc.mysecurebill.com](http://upmc.mysecurebill.com)  
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Physician Total.....\$86.12

**AMOUNT DUE:**

**\$86.12**

**EZ Match Code for  
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by scanning the bar code  
with your smart phone.