



John Doe
 1234 N MAIN ST
 ANYTOWN, XX 98765

Reference # 987654

Statement Date 01/01/2021
 Due Date UPON RECEIPT
 Guarantor Name John Doe

Amount Due \$10.00



Questions?

Customer Care is available for assistance

Call (925) 276-9051
 Monday-Friday, 8am-4:30pm GMT-7



Pay Online
 app.bicrad.com

Payment ID 01-987654

Why did I receive two bills for my exam?

You will receive one bill from the hospital/facility which covers the equipment and their employee who performed the exam. Bay Imaging Consultants Radiologists are experts in Radiology who review your images and provide you with the best explanation of your study. If you have further questions about receiving two different statements please visit our website at www.bicrad.com

Account Statement

This bill represents the charge for your Radiology service read by Bay Imaging Consultants. If you would like to speak to a Customer Service Representative, please call (925) 276-9051.

Date	Service Description	Charges	Payments/Adjustments	Balance
Account #: 123456				
PATIENT: JOHN DOE				
LOCATION: John Muir Brentwood				
CHARGES				
08/22/2019	73090 FOREARM (2 VWS)	\$38.00		
08/23/2019	73080 ELBOW COMPLETE (3 OR MORE VI	\$41.00		
	Total Charges	\$79.00		
	Adjustments		-69.00	
	Amount Due			\$10.00

Detach Lower Portion and Return with Payment

Additional Payment Options

Pay on-line with a check, debit, credit, HSA or FSA card using the below Payment ID

Pay Online app.bicrad.com

Payment ID 01-987654

Pay By Phone (925) 276-9051

Insurance Claims

Bay Imaging Consultants and our affiliated sites participate with most major insurance companies. We are happy to file claims for your studies regardless of our in-network participation.

Reference # 987654
 Due Date UPON RECEIPT
 Guarantor Name John Doe
 Amount Due \$10.00

Please make checks payable to
Bay Imaging Consultants

Bay Imaging Consultants
 PO Box 845071
 Los Angeles, CA 90084-5071