



611 W. Park St. | Urbana, Illinois 61801

Statement Date:  
myEasyMatch Code:

02/08/2022  
SWB-ZTB-C4P

Pay Online: [mycarle.com](http://mycarle.com)

Questions: Call (888) 71-CARLE, (888) 712-2753

Page:

2

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
	<b>Guarantor Number: 1642404</b>			
	<b>Patient: JAMES F OSTERBUR MRN # 0436190</b>			
1/8/22	<b>CONV CARE ON WINDSOR</b> CARLE PHYSICIAN GROUP	\$215.00		\$0.00
1/21/22	INSURANCE PAYMENT -HEALTH ALLIANC-		-\$77.65	
1/21/22	CONTRACTUAL WRITE-OFF -HEALTH ALLIANC-		-\$132.35	
1/31/22	SMALL BALANCE WRITE OFF		-\$5.00	
1/8/22	<b>LAB/XRAY ON WINDSOR</b> CARLE PHYSICIAN GROUP	\$87.00		\$0.00
1/21/22	INSURANCE PAYMENT -HEALTH ALLIANC-		-\$6.80	
1/21/22	CONTRACTUAL WRITE-OFF -HEALTH ALLIANC-		-\$78.50	
1/31/22	SMALL BALANCE WRITE OFF		-\$1.70	
1/14/22	<b>OSM PRE ANESTHESIA CENTER</b> CARLE PHYSICIAN GROUP	\$550.00		\$40.00
1/25/22	INSURANCE PAYMENT -HEALTH ALLIANC-		-\$105.72	
1/25/22	CONTRACTUAL WRITE-OFF -HEALTH ALLIANC-		-\$399.28	
1/14/22	CO-PAYMENT		-\$5.00	
1/13/22	<b>ORTHOPEDICS AND SPORTS MEDICINE FOOT &amp; ANKLE</b> CARLE PHYSICIAN GROUP	\$365.00		\$50.00
1/25/22	INSURANCE PAYMENT -HEALTH ALLIANC-		-\$44.42	
1/25/22	CONTRACTUAL WRITE-OFF -HEALTH ALLIANC-		-\$270.58	
1/18/22	<b>PARKVIEW NORTH 2ND FLOOR ANESTHESIOLOGY</b> CARLE PHYSICIAN GROUP	\$1,755.00		\$14.62
1/25/22	INSURANCE PAYMENT -HEALTH ALLIANC-		-\$58.50	
1/25/22	CONTRACTUAL WRITE-OFF -HEALTH ALLIANC-		-\$1,681.88	
1/18/22	<b>FOOT &amp; ANKLE ON MATTIS</b> CARLE PHYSICIAN GROUP	\$4,620.00		\$0.00
2/1/22	INSURANCE PAYMENT -HEALTH ALLIANC-		-\$324.08	
2/1/22	CONTRACTUAL WRITE-OFF -HEALTH ALLIANC-		-\$4,295.92	
1/18/22	<b>FOOT &amp; ANKLE ON MATTIS</b> CARLE PHYSICIAN GROUP	\$4,220.00		\$0.00
2/1/22	INSURANCE PAYMENT -HEALTH ALLIANC-		-\$710.04	
2/1/22	CONTRACTUAL WRITE-OFF -HEALTH ALLIANC-		-\$3,509.96	
1/18/22	<b>FOOT &amp; ANKLE ON MATTIS</b> CARLE PHYSICIAN GROUP	\$4,430.00		\$0.00
2/1/22	INSURANCE PAYMENT -HEALTH ALLIANC-		-\$239.43	
2/1/22	CONTRACTUAL WRITE-OFF -HEALTH ALLIANC-		-\$4,190.57	
	<b>Patient: JAMES F OSTERBUR Account # 96527726</b>			
1/8/22	<b>CONV CARE ON WINDSOR</b> CARLE FOUNDATION HOSPITAL	\$880.00		
1/12/22	HAMP INCIDENTAL ADJUSTMENT (INSURANCE) HEALTH ALLIANCE MEDIC		-\$300.00	
1/23/22	INSURANCE PAYMENT HEALTH ALLIANCE MEDICAL PLAN MC ADVNTG		-\$53.54	
1/23/22	CONTRACTUAL WRITE-OFF HEALTH ALLIANCE MEDICAL PLAN MC ADVNTG		-\$514.28	
1/23/22	NAA VARIANCE WRITE OFF (INSURANCE) HEALTH ALLIANCE MEDICAL P		\$1.20	\$13.38



02/08/2022  
SWB-ZTB-C4P

Questions: Call (888) 71-CARLE, (888) 712-2753

3

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
	<b>Patient: JAMES F OSTERBUR Account # 96562757</b>			
1/14/22	OSM PRE ANESTHESIA CENTER CARLE FOUNDATION HOSPITAL	\$1,265.00		
1/18/22	PATH OVERSIGHT FEE ADJUSTMENT (INSURANCE) HEALTH ALLIANCE ME		-\$119.00	
1/18/22	HAMP INCIDENTAL ADJUSTMENT (INSURANCE) HEALTH ALLIANCE MEDIC		-\$300.00	
1/23/22	INSURANCE PAYMENT HEALTH ALLIANCE MEDICAL PLAN MC ADVNTG		-\$22.67	
1/23/22	CONTRACTUAL WRITE-OFF HEALTH ALLIANCE MEDICAL PLAN MC ADVNTG		-\$803.33	\$20.00
	<b>Patient: JAMES F OSTERBUR Account # 96563538</b>			
1/18/22	CHAMPAIGN SURGERY CENTER AT THE FIELD CARLE FOUNDATION HOSPITAL	\$39,334.47		
1/30/22	INSURANCE PAYMENT HEALTH ALLIANCE MEDICAL PLAN MC ADVNTG		-\$6,001.75	
1/30/22	CONTRACTUAL WRITE-OFF HEALTH ALLIANCE MEDICAL PLAN MC ADVNTG		-\$31,832.30	\$1,500.42
	<b>Patient Balance Due</b>			<b>\$1,638.42</b>
	<b>Total Statement Balance Due</b>			<b>\$1,638.42</b>
	Thank you for letting us serve you for your healthcare needs.			