

Keys to Understanding Your Arizona Community Physicians Bill

Highlighted areas point out where important information can be found on our newly formatted statement.

For answers to questions about your Arizona Community Physicians Statement, please call a Patient Representative at (520) 795-4783.

Please keep a copy of itemized statements, as future statements may not include the details of the original.

Below is the back side of the statement.

Optional message area

Account Summary

Your Current Balance \$360.40

Your payment plan amount due \$80.00

See below for details

Total guarantor portion due payable with this statement

Pay by Mail
Complete the form below and return in the enclosed envelope. **Make checks payable to: Arizona Community Physicians.**

Pay by Phone
Call 520-795-4783 to pay by credit card. 8 AM to 5 PM Monday through Friday.

Information to follow if you wish to pay by check or phone

Total balance due by patient

Name and address of person recorded as responsible party for account (Guarantor)

Account Number: 555924
Responsible Party: John Doe
Patient: John Doe
Statement Date: 08/13/2024

Patient account number

Date statement was printed

Information to follow if you wish to pay online

Custom backer

Date of services provided and dates of financial transactions

Billing summary

Description of services provided and financial transactions such as payments and adjustments

Box to fill in the amount you are paying

Remit to address

ACP ARIZONA COMMUNITY PHYSICIANS

Account Number: 555924
Responsible Party: John Doe
Patient: John Doe
Statement Date: 08/13/2024

Page 1 (a) of 1

Amount Due: \$80.00

Amount Enclosed \$

Mail Payment To

FORWARDING SERVICE REQUESTED 2 1

JOHN DOE
456 PARKER ST
ANYTOWN, USA 12345-0621

ARIZONA COMMUNITY PHYSICIANS
5055 E BROADWAY BLVD STE A100
TUCSON AZ 85711-3629

5559240360402

ACP ARIZONA COMMUNITY PHYSICIANS

Account Number: 555924
Responsible Party: John Doe
Patient: John Doe
Statement Date: 08/13/2024

Page 1 (b) of 1

Service Date	Provider	Description	Charges	Charges	Credits	Insurance Balance	Patient Balance
Service Location: ACP-NORTHWEST IMAGING CENTER on 5/24/2024							
05/24/2024	Casey M Arnold MD	Ct Abdomen & Pelvis W/contrast Materia	\$617.00		\$0.00		\$335.99
06/18/2024	Arnold MD	Insurance Payment - United Healthcare		\$0.00			
06/18/2024	Arnold MD	Insurance Adjustment Applied To Deductible			-\$210.01		
07/15/2024	Arnold MD	Auto Pay Payment			-\$71.00		
Service Location: ACP-OCOTILLO FAMILY MEDICINE on 6/7/2024							
06/07/2024	Casey M Arnold MD	Tranaj Care Mgmt Mod Mdm F21 14 Cal D Discharge	\$325.00		\$0.00		\$22.88
06/27/2024	Arnold MD	Insurance Payment - United Healthcare			-\$205.98		
06/27/2024	Arnold MD	Insurance Adjustment Coinsurance Amount			-\$96.24		
Service Location: ACP-LABORATORY on 7/19/2024							
07/19/2024	Casey M Arnold MD	Cyanocobalamin Vitamin B-12	\$42.00		\$0.00		\$1.21
08/09/2024	Arnold MD	Insurance Payment - United Healthcare			-\$10.85		
08/09/2024	Arnold MD	Insurance Adjustment Coinsurance Amount			-\$29.94		
07/19/2024	Casey M Arnold MD	Units Dip Stick/tablet Reagent Auto Microscopy	\$20.00		\$0.00		\$0.32
08/09/2024	Arnold MD	Insurance Payment - United Healthcare			-\$2.85		
08/09/2024	Arnold MD	Insurance Adjustment Coinsurance Amount			-\$16.83		
Current Balance Due							\$360.40