ALN-414

ALDER CREEK MEDICAL GROUP

1200 RIDGELINE DR STE 210 | AUSTIN, TX 78731

Billing Questions ?
Billing questions: (512) 555-0170
Monday - Friday, 8am - 5pm CT
Please contact us to update your address or insurance.

IF PAYING BY CREDIT CARD, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT ☐ MasterCard ☐ DISCOVER ☐ VISA ☐ AMERICAN EXPRESS ☐ MedCredit

CARD NUMBER | EXP. DATE (M M Y Y)

SIGNATURE | AMOUNT PAID

STATEMENT DATE	ACCOUNT NUMBER	PLEASE PAY THIS AMOUNT
04/24/2026	PT-04217	**$44.00**

Pay Online: billing.aldercreek.example

DATE DUE: 05/15/2026

ADDRESSEE

AVERY MORGAN
4607 WILLOW BEND LN APT 204
AUSTIN, TX 78731

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

ALDER CREEK MEDICAL GROUP
PO BOX 04217
AUSTIN, TX 78755

PATIENT STATEMENT

ACCOUNT NUMBER	PATIENT NAME	PROVIDER NAME
PT-04217	AVERY MORGAN	ALDER CREEK MEDICAL

Date	Description	Charges/Payments
	SERVICES ON 04/15/2026 | CLAIM CLM-260415-04217	
04/15/26	Office visit and laboratory services	$600.00
04/15/26	Patient payment - office copay	$-30.00
04/22/26	Cedar Health Plan payment	$-326.00
04/22/26	Contractual adjustment - not patient responsibility	$-200.00
	BALANCE DUE:	**$44.00**
	Total patient responsibility per EOB: $74.00.	
	Less $30.00 paid at the visit. Remaining balance: $44.00.	
	Member CHP0842719 | Group GRP-04217	

Insurance has processed this claim. Please retain this statement with your Explanation of Benefits.

Did you know you can pay this bill online?

Pay online at billing.aldercreek.example
or mail the payment coupon above.
Please include account PT-04217 with payment.

PLEASE PAY THIS AMOUNT **$44.00**

BILLING INQUIRIES: (512) 555-0170
billing@aldercreek.example
1200 Ridgeline Dr Ste 210 | Austin, TX 78731

GRITWORKS SYNTHETIC SAMPLE | NOT AN ISSUED RECORD | GW-IN-04217