

THIS IS A BILL

Radiology Alliance

Radiology
ALLIANCEPATIENT RASHIDA BINT M BEY
ACCOUNT RAPCA1373470
STATEMENT DATE 04/16/2025

01890

PAGE 1 OF 1

BILL SUMMARY

Total Payment Due

Your balance due is:

\$1,617.00

Payment Due By:

05/16/2025

Mobile Pay



Pay Online

pay.imaginepay.com/provider/RAPCA
please have your account number (above) ready

Pay By Mail

Send in your check along with
the payment coupon below.Have questions about your bill?
Need to set up a payment plan?

Call us at (615) 234-0367 Monday - Friday 8am - 5pm CST

DATE

CPT - SERVICE DESCRIPTION

CHARGES

PAYMENTS

ADJUSTMENTS

PATIENT
BALANCE

02/21/25

74176 - Computed tomography, abdomen and pelvis;
without contrast material
Location of Service: TRISTAR CENTURY FARMS ER

\$1,617.00

Patient Responsibility:

\$1,617.00

Total Due:

\$1,617.00

DETAILS HERE AND RETURN THE BOTTOM PORTION TO: RASHIDA B BEY, 6200 ROCKY TOP DR, ANTIOCH, TN 37013-5658

- ☐ Has your personal or insurance information changed?
Please check this box and indicate any changes on the reverse side.

Radiology
ALLIANCEP.O. Box 200627
Dallas TX 75320

THIS IS YOUR FINAL NOTICE

This is our final effort to collect on your past due balance. If payment is not received within 30 days, your balance will be turned over to collections.

Please contact us to discuss available discounts and payment options if you have concerns about paying your balance.

STATEMENT DATE

04/16/2025

ACCOUNT

RAPCA1373470

PAY THIS AMOUNT

\$1,617.00

AMOUNT PAID

00000000RAPCA137347000001617004



01890

RASHIDA B BEY
6200 Rocky Top Dr
Antioch TN 37013-5658

MAKE CHECK PAYABLE AND REMIT TO:

Radiology Alliance, P.C.
P.O. Box 200627
Dallas TX 75320

EMERGENCY MEDICINE SERVICES OF TN
PO BOX 668
BRENTWOOD, TN 37024-0668

We appreciate the opportunity to serve you!

Thank you for trusting us with your healthcare needs. We hope our care exceeded your expectations. Please contact us if we can be of further assistance.

Disponible asistencia para el idioma español.

Pay online at:
https://hca.epayhealthcare.com/EPAY_PATIENT

Statement Date: 4/14/2025 | Account Number: QP101694270 | Page 1 of 2

HCA11T 5527194 734027795

RASHIDA BEY
6200 ROCKY TOP DR
ANTIOCH, TN 37013-5658



ACCOUNT ACTIVITY

Account Number QP101694270
Charges to Date \$ 984.00
Payments/Discounts To Date \$ 688.80
Remaining Patient Balance \$ 295.20

*** AMOUNT YOU OWE \$ 295.20**

A MESSAGE FOR YOU...

Your current responsibility is \$ 295.20.

PLEASE SEE THE REVERSE SIDE FOR BILLING DETAILS.

* The amount you owe may include copay or non-covered charges.

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

BALANCE DUE IN FULL. PLEASE PAY IMMEDIATELY.

PAYMENT OPTIONS



Pay online at
https://hca.epayhealthcare.com/EPAY_PATIENT
Available 24/7



Pay with your phone by scanning this QR Code
Pay-by-phone or call Customer Service at:
866-606-2606 Available Mon-Fri 7AM - 6PM CST



Please be prepared to provide the patient/responsible party full name, date of birth and mailing address. All calls may be recorded.

Many of our providers are now offering telehealth visits. If you are interested in learning more, call our practice and your provider will determine if you can be seen virtually for your next visit.

DETACH HERE AND RETURN BOTTOM PORTION WITH PAYMENT

Patient	Account No.	Date Due	Amount Now Due	Amount Paid
RASHIDA B BEY	QP101694270	Upon Receipt	\$ 295.20	\$

☐ Check here if your address or insurance information has changed. Please indicate changes on the back of this page.

Please do not send cash.

Make checks payable to: EMERGENCY MEDICINE SERVICES OF TN



Account No.

Expiration Date

Authorized Signature

EMERGENCY MEDICINE SERVICES OF TN
PO Box 740745
CINCINNATI, OH 45274-0745



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