



Patient: [Redacted]  
Account number: [Redacted]  
Printed on: Jan 17, 2021

**Difficulty paying your bill?**

Visit [pay.citymd.com](http://pay.citymd.com) to learn about 0% interest payment plans and more ways to resolve your balance.

Past Due

# You owe **\$200.00** today

You have a past due amount of **\$200.00**. Please make a payment or contact us as soon as possible.

[SEE BACK FOR DETAILS →](#)

Total billed	\$200.00
<b>Amount you owe</b>	<b>\$200.00</b>

DETACH AREA BELOW AND SEND WITH PAYMENT

## Ways to Pay

### Online

Pay via desktop or mobile:  
[pay.citymd.com](http://pay.citymd.com)

### Phone or Mail

Call toll-free 24/7: **(516) 783-4600**

Mail check or money order with the lower portion of your bill to the address shown on the reverse side of this bill.

**Do NOT send cash.**

## Need Help?

Call toll-free  
**(516) 783-4600**

Mon-Fri 9AM to 5PM EST



# Your visit to CityMD West 104th

Date: [REDACTED] Due date: Dec 16, 2020 (past due) ID: [REDACTED]

Service category	Billed						
[REDACTED]	\$200.00						
<table border="1"> <tr> <td>Subtotal billed</td> <td>\$200.00</td> </tr> <tr> <td>Insurance covered</td> <td>-\$0.00</td> </tr> <tr> <td><b>Amount you owe</b></td> <td><b>\$200.00</b></td> </tr> </table>		Subtotal billed	\$200.00	Insurance covered	-\$0.00	<b>Amount you owe</b>	<b>\$200.00</b>
Subtotal billed	\$200.00						
Insurance covered	-\$0.00						
<b>Amount you owe</b>	<b>\$200.00</b>						

## Your bill summary



Total billed	\$200.00
<b>Amount you owe</b>	<b>\$200.00</b>



CityMD suspended patient statements for several months due to Cov-19. Every effort has been made to accommodate various payer changes related to patient responsibility due to Cov-19. If this statement balance is related to a Cov-19 diagnosis, please contact customer service at 516-783-4600. Please also be advised that this statement may reflect patient balances for dates of services prior to 2019.

### Continued on next page



DETACH AREA BELOW AND SEND WITH PAYMENT



MAKE CHECK PAYABLE & MAIL TO:

**CityMD**  
**PO Box 791516**  
**Baltimore, MD 21279-1516**

### Pay with your credit card

Amount to pay \$  Total due: \$200.00

Cardholder name	
Card number	
Exp. date /	Signature

Account Holder: [REDACTED] Account Number [REDACTED]



## Our pledge against discrimination

Discrimination is against the law. Summit Medical Group, PA ("SMG"), City Medical of Upper East Side PLLC ("CityMD"), and City Medical of New Jersey PC ("CityMD"), comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SMG and CityMD do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Both SMG and CityMD:

- ✓ Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- ✓ Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you believe that SMG or CityMD have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Patient Relations Department at **908-277-8928** or **wecare@smgnj.com**. You can file a grievance in person or by mail, fax, or email.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



## Frequently asked questions

### What if I have billing questions?

For your convenience, our billing office is staffed Monday through Friday. Please call the phone number located on the front of this statement. Our knowledgeable staff will be happy to address any questions or concerns you may have regarding our financial policy or your account.

### Why did I get a bill when I have insurance?

Not all of the services we provide are covered by all insurance carriers. We make every effort to inform you if we believe a service may not be covered; however, it is your responsibility to know the coverage limitations of your insurance contract. Since we do contract with several insurance companies, it is impossible for us to know the requirements of each individual policy. Your insurance policy is an agreement between you and your insurance company. You are responsible for your account. You are also responsible to know your insurance policy, its benefits and requirements. We do not determine the amount of coverage you will receive, your insurance company does this. Any questions you may have concerning your benefits should be directed to your insurance company's Member Services Representative. Please inform our office of any changes of your coverage.

### Why did I get a bill from an outside laboratory?

You will receive a separate billing from the lab for their analysis of your lab work. Outpatient Surgery: Results of outpatient surgery will be discussed with the patient or his/her designated family member only. No results of lab/x-ray/surgery will be given to anyone other than the patient without the patient's specific approval. This assures patient confidentiality and privacy.

April 10, 2021

Lorelei Salas  
Commissioner

42 Broadway  
New York, NY 10004

Dial 311  
(212-NEW-YORK)

[nyc.gov/dca](http://nyc.gov/dca)

Re: Case Number 4693-2021-CMPL

**WE NEED MORE INFORMATION TO HELP YOU WITH YOUR COMPLAINT**

**Respond by April 24, 2021**

Thank you for contacting the NYC Department of Consumer Affairs. Please follow the steps below so that we may help you with your complaint:

1. **Send TWO copies of each document checked below. Keep the originals for your own files.**

- Receipts/Bill of Sale
- Contract (both sides)
- Warranty (both sides)
- Cancelled Checks (both sides) / Credit Card Receipt
- Judgment
- Letters to the Business (if any)
- Letter from Debt Collection Agency
- Diagnostic Report Showing Vehicle Defects
- Estimate for Repair
- Completed Complaint Form (enclosed)
- Other PROOF THAT YOU PAID LAB BILL

If you don't have these documents, please explain why.

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2. **Mail or Fax the complaint and the documents we requested to:**
  - Mail: DCA Consumer Services, 42 Broadway, 9th Floor, New York, NY 10004
  - Fax: +1 212 487 4482/646-500-5914
  - Email to [consumers@dca.nyc.gov](mailto:consumers@dca.nyc.gov)
3. **Call us with any questions. We're available Monday–Friday, 9:00am – 5:00pm, at +1 212 487-4110.**





Consumer Affairs

# FILE YOUR COMPLAINT

Thank you for contacting the New York City Department of Consumer Affairs (DCA). Please complete this form. Clearly print or type your answers to each question. If a question does not apply to you, please mark N/A or Not Applicable. You must provide information marked with a star (\*).

Mail TWO copies of this completed form and related documents (e.g., store receipts, warranties, contracts, etc.) to DCA. Do not send originals.

NYC Department of Consumer Affairs  
Consumer Services Division  
42 Broadway, 9th Floor  
New York, NY 10004

## Did You Contact the Business?

DCA advises you to contact the business directly in an initial attempt to resolve your complaint. When contacting the business, please keep a log of all telephone calls and copies of letters that you send. If your attempts to resolve the issue yourself are unsuccessful, then we advise you to file your complaint with DCA.

Did you attempt to resolve your complaint with the business?  Yes  No  
If No, please explain why not.

## What Do You Want DCA to Do?

Check ONE box only.

I want help with my complaint. See back for requested action.

If you request help, we will contact you. DCA receives a very high volume of complaints, so please be patient.

If you have not heard from us after 45 days, please call 311 and ask to be transferred to DCA to check the status of your complaint. Have your docket number handy. See the enclosed "What happens to your complaint?" sheet for more information.

I do not want help with my complaint. However, I want this business investigated for unfair business practices.

If you do not request help, we will not contact you, but will use the information you provide to investigate the reported business' practices.

## Is Your Complaint against a Home Improvement Contractor?

If your complaint is against a home improvement contractor, please answer the questions below. To file a complaint with DCA, the home must be located in New York City. We cannot help with complaints about new home construction.

- Was work done on a:
  - Single or two-family house
  - Residential building owned by you as an individual having four units or less
  - Co-op or condo owned by you
- Is the contractor presently working in your home?
  - Yes  No
- Have you had to move out of your home due to the work done by the contractor?
  - Yes  No
- Did the contractor offer you a loan or arrange a loan for you?
  - Yes  No
- Does the contractor have a lien against your home?
  - Yes  No
- Do you have a written contract?
  - Yes  No
- Is the job location different than your home address?
  - Yes  No
- Did the contractor provide a written warranty to you?
  - Yes  No



\*4693-2021-CMPL\*

# Tell Us about Your Complaint

Reason for your complaint \_\_\_\_\_

\*Product/Service involved Test and results from CityMD \*Date of transaction 07/24/2020

Was this an Internet order or purchase?  Yes  No

\*Do you have a written contract?  Yes  No \*Cost of product/service 200.00 \*Amount paid to date 0.00

How did you pay?  Cash  Check  Credit Card

If you paid by credit card, have you contacted your credit card company?  Yes  No

\*Is this matter pending in court?  Yes  No

What action are you seeking from DCA to resolve this complaint? **Check ONE box only.**

Repair of product/service  Exchange  Completion of contract terms  Refund  Cancellation of contract

**Note:** If you checked one of the boxes above, you must check the box "I want help with my complaint" on front.

**Briefly describe your complaint. Use additional pages as needed.**

Last summer, I had to get Covid 19, [REDACTED] tests [REDACTED]. I got these tests at CityMD. I was told that because I was getting a Covid 19 test, there would be no charge. When I went back to get the results, I was told the same thing by CityMD staff: because I had gotten a Covid 19 test, there would be no charge. They did tell me I would receive a charge from the lab for the [REDACTED] test. I did receive that bill and I paid it. I am now receiving a bill for \$200 from City MD for my tests, which I was told on two separate occasions would be free of charge.

I called on two occasions and explained that staff had specifically told me twice that there would be no charge for my visit because I was getting a Covid 19 test. They said they would research it. I continue to receive a bill from CityMD.

## Provide Your Information

\*Name (First and Last) [REDACTED]

\*Home Address (Include Apartment #) \_\_\_\_\_

\*City, State, ZIP \_\_\_\_\_ \*Country \_\_\_\_\_

\*Contact number [REDACTED]

Are you currently serving on active duty in the U.S. Armed Forces? [REDACTED]

Are you a veteran of the U.S. Armed Forces? [REDACTED]

Would you like to receive electronic communications from DCA?  Yes  No

If Yes, provide E-mail [REDACTED]

\*Print Name \_\_\_\_\_ \*Signature \_\_\_\_\_ \*Date \_\_\_\_\_

## Provide Information about the Business

\*Business Name CityMD

\*Address \_\_\_\_\_ \*Daytime Phone 5167834600

\*City, State, ZIP \_\_\_\_\_ \*BusinessFax \_\_\_\_\_

\*Type of Business Other (For home improvement contractor complaints, answer the questions on front.)

\*E-mail billing@citymd.com \*License # \_\_\_\_\_



# What Happens to Your Complaint?

- 1. You file a complaint (online, in person, by mail) and want help from DCA.** You include all documents about your complaint (store receipts, bill of sale, warranties, contracts, cancelled checks, letters to the business, judgments, etc.). **DCA cannot process your complaint without these documents.**
- 2. DCA receives and reviews your complaint and supporting documents.** If DCA is not the correct agency to assist you, DCA returns your complaint materials and, in most cases, includes contact information for the agency that can help you.
- 3. If DCA is the correct agency to assist you, DCA docket your complaint and begins mediation.** DCA gives you the docket number which you should reference during any follow-up.  
  
During the mediation process, DCA sends a copy of your complaint to the business for written response. Then, mostly over the phone, a DCA mediator speaks with both you and the business to reach an agreement and settle the matter.  
  
If you have not heard from DCA after 45 days, please dial 311 to check the status of your complaint. Have your docket number handy.
- 4. Complaint closed.** In some cases, if the matter cannot be settled, an Office of Administrative Trials and Hearings (OATH) Hearing Officer will hear the complaint or DCA may inform you of the option to go to court.

**Note:** *DCA cannot serve as your attorney or give you legal advice. Please be aware that copies of all of your correspondence will be forwarded to the business that is the subject of your complaint, and may be provided to other governmental agencies. It is DCA's policy to remove your personal identifying information when releasing records pursuant to public records requests.*

**Please keep this information sheet for your records.**

## Industries Licensed by DCA

Amusement Arcade  
Amusement Device (Permanent/Portable/Temporary)  
Auctioneer  
Auction House (Premises)  
Bingo Game Operator  
Booting Company  
Car Wash  
Commercial Lessor (Bingo/Games of Chance)  
Dealer in Products for the Disabled  
Debt Collection Agency  
Electronic & Home Appliance Service Dealer  
Electronic Cigarette Retail Dealer  
Electronics Store  
Employment Agency  
Games of Chance  
Gaming Café  
Garage and Parking Lot  
General Vendor  
General Vendor Distributor  
Home Improvement Contractor  
Home Improvement Salesperson  
Horse Drawn Cab Owner & Horse Drawn Cab Driver  
Industrial Laundry  
Industrial Laundry Delivery  
Locksmith & Locksmith Apprentice  
Newsstand  
Pawnbroker  
Pedicab Business & Pedicab Driver  
Pool or Billiard Room  
Process Serving Agency & Process Server (Individual)  
Retail Laundry  
Scale Dealer/Repairer  
Scrap Metal Processor  
Secondhand Dealer Auto  
Secondhand Dealer General  
Sidewalk Café  
Sightseeing Bus & Sightseeing Guide  
Special Sale (Going Out of Business, Liquidation, etc.)  
Stoop Line Stand  
Storage Warehouse  
Temporary Street Fair Vendor  
Ticket Seller Business  
Ticket Seller Individual  
Tobacco Retail Dealer  
Tow Truck Driver & Tow Truck Company  
Tow Truck Exemption





April 10, 2021

Lorelei Salas  
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