



of South Central Wisconsin

Group Health Cooperative - Medical Billing
BIN 88415
MILWAUKEE, WI 53288-0415

RETURN SERVICE REQUESTED
FEDERAL TAX ID NO.: 391199466

MAIL TO:

ADAM P GWILLIAM
822 E WASHINGTON AVE APT 401

MADISON, WI 53703

[] Please check box if address is incorrect or insurance information
has changed and indicate changes on reverse side.

Or pay online at www.ghcscw.com via MyChart

Please detach and return top portion with payment. Do not staple or use paper clips.

Statement Date	Account #	Member #	Amt Due	Amt Paid
12/22/19	392674	392674	\$320.00	\$

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW

	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Card Number					

_____/____/____ | ____
Full Name (Please Print) Exp. MO/YR 3 Digit Code
Payment cannot be processed without Expiration Date and 3 Digit Code

PLEASE MAKE CHECKS PAYABLE TO:

GROUP HEALTH COOPERATIVE
South Central Wisconsin
BIN 88415
ATTN: MEDICAL BILLING
MILWAUKEE, WI 53288-0415

Date	Description	Charges Provider	Charges	Credits	Balance
Visit on 12/17/2019 with FELLAND, KYOKO - Patient GWILLIAM, ADAM P					
12/17/2019	LIPID PANEL	Felland, Kyoko, PA-C	169.00	0.00	169.00
12/17/2019	METABOLIC PANEL, BASIC	Felland, Kyoko, PA-C	118.00	0.00	118.00
12/17/2019	VENIPUNCTURE, COLLECTION OF BLOOD	Felland, Kyoko, PA-C	33.00	0.00	33.00

Please Pay This Amount: **\$320.00**

* ANY QUESTIONS REGARDING THIS ACCOUNT OR TO MAKE A PAYMENT, CONTACT OUR MEDICAL BILLING DEPARTMENT AT (608) 251-4138.

* A \$25.00 FEE WILL BE CHARGED FOR EACH CHECK RETURNED/NSF.

* SI USTED NECESITA AYUDA PARA ENTENDER ESTA FACTURA EN ESPANOL, POR FAVOR COMUNIQUESE AL TELEFONO (608) 661-7215.

* YOG KOJ XAV TAU KEV PAB KOM NKAG SIAB HAIS TXOG DAIM NQI NO, YOG HMONG HU RAU TSHWM SIM XYOOJ (608) 257-9700 EXT. 1373.

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

YOU CAN PAY YOUR BILL ONLINE THROUGH MYCHART OR IN PERSON ON
THE KIOSK. PAYMENT DUE IN 30 DAYS. THANKS FOR CHOOSING GHC-SCW!