



ADDRESS SERVICE REQUESTED

10000120278368325

IF PAYING BY CREDIT CARD, FILL IN ALL INFORMATION BELOW		
SELECT CARD TYPE USED FOR PAYMENT		
VISA	MASTERCARD	AMEX DISCOVER
CARD NUMBER		EXP. DATE
CARDHOLDER NAME	PATIENT NAME	
STATEMENT DATE 10/13/11	PAY THIS AMOUNT 278,368.32	GUARANTOR NUMBER 100001238
AMOUNT PAID		\$

Detach and return with payment. Please make checks payable to Central DuPage Hospital and write your guarantor number on the check
Please retain this statement for your records. See reverse side for bill explanation.

Guarantor Number: 100001238	Statement Date: 10/13/11	Due Date: 11/10/11
Guarantor Name: CDPG WINFIELD CARDIOTHORACIC S PBCHARGE	Patient Name: CDPG WINFIELD CARDIOTHORACIC S PBCHARGE	
Guarantor Insurance:		

Customer Service: 1-630-933-3300 Hearing Impaired: 1-630-933-4833 Espanol: 1-630-933-3300 Office Hours: 8:00 AM - 5:00 PM Mon-Fri

Account Summary

Summary	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Outstd Bal	Patient Balance
Central DuPage Physician Group (CDPG)	\$278,368.32	\$0.00	\$0.00	\$278,368.32	\$278,368.32
Totals	\$278,368.32	\$0.00	\$0.00	\$278,368.32	\$278,368.32

Account Detail

Date of Service	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Central DuPage Physician Group (CDPG) Account Detail					
Cdh Parent (HAR 20000631) 8/8/2011					
07/29/11	INITIAL HOSPITAL CARE,LEVL I	147.00			
to	INITIAL HOSPITAL CARE,LEVL II	227.00			
08/25/11	INITIAL HOSPITAL CARE,LEVL III	291.00			
	SUBSEQUENT HOSPITAL CARE,LEVL I	92.00			
	SUBSEQUENT HOSPITAL CARE,LEVL II	131.00			
	SUBSEQUENT HOSPITAL CARE,LEVL III	186.00			
	INITIAL INPATIENT CONSULT,LEVL I	140.00			
	INITIAL INPATIENT CONSULT,LEVL II	193.00			
	INITIAL INPATIENT CONSULT,LEVL III	237.00			
	INITIAL INPATIENT CONSULT,LEVL IV	307.00			
	INITIAL INPATIENT CONSULT,LEVL V	401.00			
	PROLONGED SERV,INPATIENT,1ST HR	254.00			
	OFFICE/OUTPT VISIT,NEW,LEVL III	179.00			
	OFFICE/OUTPT VISIT,NEW,LEVL IV	251.00			
	OFFICE/OUTPT VISIT,NEW,LEVL V	315.00			
	OFFICE/OUTPT VISIT,EST,LEVL V	219.00			
	INITIAL HOSPITAL CARE,LEVL I	147.00			
	INITIAL HOSPITAL CARE,LEVL III	291.00			
	OFFICE CONSULTATION,LEVEL III	225.00			
	OFFICE CONSULTATION,LEVEL IV	315.00			
	OFFICE CONSULTATION,LEVEL V	408.00			
	INITIAL INPATIENT CONSULT,LEVL V	401.00			

Date of Service	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
	INITIAL HOSPITAL CARE,LEVL I	147.00			
	INITIAL HOSPITAL CARE,LEVL III	291.00			
	INITIAL INPATIENT CONSULT,LEVL III	237.00			
	CABG, ARTERIAL, SINGLE	5,690.00			
	INITIAL INPATIENT CONSULT,LEVL II	193.00			
	MITRALPLASTY W PROSTHETIC RING	7,188.00			
	ABLATE/ RECONSTUCT ATRIA, W OTHER PROCED EXTENS W/ BYPASS	2,585.00			
	ABLATE/ RECONSTUCT ATRIA, W OTHER PROCED EXTENS W/O BYPASS	1,999.00			
	ABLATE/ RECONSTUCT ATRIA, W OTHER PROCED LIMITED	1,776.00			
	ABLATE/ RECONSTUCT ATRIA, EXTENS, W/ BYPASS	6,075.00			
	ABLATE/ RECONSTUCT ATRIA, LIMITED	4,077.00			
	PLACEMNT,PROX/DIST EXT PROS, INFRARENAL	200.00			
	INSERT AO/GRT VESS GRFT CP BYPASS	5,794.00			
	INSERT AO/GRT VESS GRFT SHUNT BYPAS	4,189.16			
	ENDOVASC REPAIR AAA	653.00			
	INSERT CATH,ART,PERCUT,SHORTTERM	143.00			
	RMV PULSE GENERATOR,SNGL/DUAL	680.00			
	INSERT EPICARDIAL ELECTRODE, OPEN	2,358.00			
	INSERT PULSE GEN,SNGL/DUAL	1,413.00			
	INSRT PACING ELECT,W/ATTACH PREV DEVICE	1,562.00			
	SURGICAL CLEANSING OF SKIN	156.00			
	REMOVE FOREIGN BODY SIMPLE	356.00			
	SECD CLOS SURG WND EXTEN/COMPLIC	1,461.00			
	THORACENTESIS WITH INSERTION TUBE WATER SEAL	336.00			
	REMOVAL SUPERFICIAL IMPLANT	984.00			
	US GUIDE, VASCULAR ACCESS	109.00			
	ECHO HEART,TRANSESOPHAGEAL,COMPLETE	292.00			
	THYMECTOMY,RADICAL MEDIAST DISSECT	4,120.00			
	PARTIAL REMOVAL OF RIB	1,514.00			
	CLOSE MED STERNOTOMY SEP, W/WO DEBRIDE	2,073.00			
	THORACENTESIS WITH INSERTION TUBE WATER SEAL	336.00			
	INSERTION INDWELLING TUNNELED PLEURAL CATHETER	656.00			
	TUBE THORACOSTOMY INCLUDES WATER SEAL	493.00			
	THYROIDECTOMY=SUBSTERNAL,TRANSCERV	2,998.00			
	THORACENTESIS WITH INSERTION TUBE WATER SEAL	336.00			
	THORACENTESIS PUNCTURE PLEURAL CAVITY ASPIRATION	207.00			
	RESECT APICAL LUNG TUMOR	5,486.00			
	THORACOSCOPY,DX W BX	1,011.00			
	THORACOSCOPY SURG PART PULM DECORT	3,262.00			
	THORACOSCOPY SURG REMOV FB INTRAPLEU	3,141.00			
	DRAINAGE OF HEART SAC	365.00			
	INCIS HEART SAC WINDW FOR DRAIN	2,360.00			
	REMOV HEART SAC NO CP BYPASS	3,798.00			
	REMOVAL HEART LESION INTERN	4,623.00			
	ABLAT VENTR DYSRHYTHM FOCUS	5,006.00			
	EXPLOR HEART SURG WND W CP BYPASS	4,425.00			
	REPLACE AORT VALV,PROSTH VALV	6,900.00			
	REPLACEMENT OF MITRAL VALVE	8,405.00			

Date of Service	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
	VALVULOPLAS TRICUS W RING INSERT	7,302.00			
	ENDOSCOPY W/VIDEO-ASST VEIN HARVEST,CABG	49.00			
	CABG, VEIN, SINGLE	5,875.00			
	CABG, VEIN, TWO	6,439.00			
	CABG, VEIN, THREE	7,489.00			
	CABG, ARTERY-VEIN, SINGLE	567.00			
	OPEN CORONARY ENDARTERECTOMY	707.00			
	CABG, REOPERATE >1 MON ORIG	2,398.00			
	CABG, ARTERIAL, FOUR+	8,202.00			
	CABG, ARTERIAL, TWO	5,833.00			
	CABG, ARTERIAL, SINGLE	5,690.00			
	CABG, ARTERY-VEIN, FIVE	2,398.00			
	CABG, ARTERY-VEIN, FOUR	1,988.00			
	CABG, ARTERY-VEIN, THREE	1,649.00			
	CABG, ARTERIAL, THREE	7,436.00			
	CABG, ARTERY-VEIN, TWO	1,243.00			
	REVSD	5,637.00			
	READS W BYPASS	4,886.00			
	INSERT AO/GRT VESS GRFT CP BYPASS	5,794.00			
	INSERT AO/GRT VESS GRFT SHUNT BYPAS	4,189.16			
	PLACEMNT,PROX/DIST EXT PROS, INFRARENAL	200.00			
	MEDIASTINOSCOPY, CHST APPROACH	2,394.00			
	EXC MEDIASTINAL TUMOR	3,325.00			
	X-RAY & PACEMAKER INSERTION	77.00			
	TRACHEOSTOMY, PLANNED	1,152.00			
	THORACOTOMY,LTD,BIOPSY	1,818.00			
	THORACOTOMY,MAJOR,EXPLOR/BIOPSY	2,875.00			
	REMOVAL OF LUNG,LOBECTOMY	4,495.00			
	ASCEND AORTA GRAFT INCL VAVLE SUSPENSION	9,606.00			
	AAA REPR,1ST VESSEL,EXTENSION PROSTH	2,062.00			
	REBL VES DIRECT,CHEST W BYPASS	4,259.00			
	REANEURYSM/GRFT INS,ABDOMINAL AORTA	5,068.00			
	AAA REPAIR,MODULR BIFURCATED PROSTH	3,652.00			
	THROMBOENDARTECTMY FEMORAL COMMON	2,521.00			
	THROMBOENDARTECTMY ABD AORTA	4,506.00			
	REBL VES DIRECT,LOW EXTREM	2,496.00			
	REMV ART CLOT ILIAC-POP,LEG INCIS	2,688.00			
	ENDOVASC REPAIR AAA	653.00			
	THROMBOENDARTECTMY NECK,NECK INCIS	3,184.00			
	INSRT AORTIC BALLOON THRU ASC AORT	1,612.00			
	REMV AORTIC BALLOON ASSIST FEM ART	2,128.00			
	INSERT INTRA-AORTIC BALLOON ASST DEVICE	814.00			
	PLACE CATH IN LT/RT PULM ART	434.00			
	INSERT CATH,ART,PERCUT,SHORTTERM	143.00			
	INSERT CANNULA PROLONG CP INSUFF	706.00			
	PLACE CATH EXTREM ARTERY	313.00			
	PLACE CATH AORTA	430.00			
	INSERT NON-TUNNEL CV CATH	1,024.00			
	PLACE CATH BRACHIAL ART	299.00			
	PLACE CATH IN RT HRT,MAIN PULM ART	384.00			
	BX/REMV,LYMPH NODE,INTERN MAMM	1,498.00			



25 North Winfield Road
Winfield, IL 60190

Customer Service: 1-630-933-3300
Hearing Impaired: 1-630-933-4833
Espanol: 1-630-933-3300
Office Hours: 8:00 AM - 5:00 PM Mon-Fri

Date of Service	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
	REMOVE THOR LYMPH NODES RAD REGNL	788.00			
	INJECT NERV BLCK,INTERCOST,MULTPL	572.00			
	INTRACARD ECHO, THER/DX INTERVENT	403.00			
	INSERT/PLACE FLOW DIRECT CATH	388.00			
	INSERT TUNNELED CV CATH WITH PORT	976.00			
	INSERT HART PACER XVENOUS ATR/VENTR	1,603.00			
	INSERT PULSE GENER DUAL CHMBR	1,177.00			
	INSERT TUNNELED CV CATH W/O PORT OR PUMP	823.00			
	INSERT PICC W/O SUB-Q PORT	266.00			
	REMOV PERM PACER GENERATOR	720.00			
	FLUOROGUIDE CNTRL VEN	249.00			
	ACCESS,PLACE,REPLACE,REMOVE				
	Total charges	278,368.32			
	Balance				\$278,368.32
Central DuPage Physician Group (CDPG) Balance Due					\$278,368.32

Total Outstanding Patient Balance: 278,368.32
Pay This Amount: 278,368.32

Important Message:

Any account balance more than 75 days past the initial patient balance billing will be sent to a Pre-Collection agency. Please pay the balance promptly or call our Customer Service Department at 630-933-3300 to arrange a payment plan.