MAKE CHECKS PAYABLE TO: Froedtert Hospital

9200 West Wisconsin Avenue Milwaukee, WI 53226-3596

Phone: 800-803-8155 http://billpay.froedtert.com

Remit To: P.O. Box 3202 • Milwaukee, WI 53201-3202

1 1*****AUTO**5-DIGIT 12345 SUSAN A. PATIENT 123 Main Street PO Box 1234 Anytown, USA 12345-5678

IF PAYING BY C	REDIT CARD, PLEASE F	ILL OUT BELOW
VISA	CHECK CARI	O TO BE USED FOR PAYMENT
CARD NUMBER		AMOUNT
SIGNATURE	EXP. DATE	
INVOICE DATE	PLEASE PAY THIS AMOUNT	ACCOUNT NUMBER
09/2/04	\$100.00	123456789
PATIENT NAME		
Susan A. Patient		

PAYMENT IS DUE UPON RECEIPT.

Please check box if address is incorrect or insurance information has changed, indicate change(s) on reverse side.

0000 0000000111111111 0159275 0000000 0000000000 4

INVOICE

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

Thursday, September 2, 2004

Patient: Susan A. Patient
Account: 123456789
Amount Due: \$100.00

Date of Service :04/24/04Patient Service:ER ArenaPrimary Insurance Billed:WPSSecondary Insurance Billed:Blue Cross

Dear Susan:

Thank you for selecting Froedtert Hospital for your health care services. For your records, below is a summary of the charges for this account. If you would like an itemized statement, please call Patient Financial Services at 800-803-8155.

 Pharmacy
 \$ 28.40

 Emergency Room
 \$ 947.00

 EKG/ECG
 \$ 84.00

Total Charges\$ 1,059.40Total Payments\$ -815.74Total Adjustments\$ -143.66Please Pay This Amount\$ 100.00

Please mail payment in full today or contact Patient Financial Services at 800-803-8155 to arrange payment. Please visit us at http://billpay.froedtert.com if you would like to make a payment online using MasterCard, Visa or Discover or if you would like to view a list of Frequently Asked Questions. A \$25 service fee will be charged for any checks returned.

Physician charges will be billed separately by the Medical College of Wisconsin.

Our commitment is to your health. We appreciate your confidence in Froedtert Hospital.

Sincerely,

Froedtert Hospital
9200 West Wisconsin Avenue
Milwaukee, WI 53226-3596

PLEASE UPDATE ANY INFORMATION THAT HAS CHANGED SINCE YOUR LAST STATEMENT

ABOUT YOU:

YOUR NAME (Last, First, Middle Initial)		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE	MARITAL STATUS ☐ Single ☐ Married	S Separated Divorced Widowed
EMPLOYER'S NAME		TELEPHONE
EMPLOYER'S ADDRESS	CITY	STATE ZIP

ABOUT YOUR INSURANCE:

YOUR PRIMARY INSURANCE COMPANY'S NAME		
PRIMARY INSURANCE COMPANY'S ADDRESS		
CITY	STATE	ZIP
POLICYHOLDER'S ID NUMBER	GROUP PLAN NUMBER	
YOUR SECONDARY INSURANCE COMPANY'S NAME		
SECONDARY INSURANCE COMPANY'S ADDRESS		
CITY	STATE	ZIP
POLICYHOLDER'S ID NUMBER	GROUP PLAN NUMBER	
(

GUIDE

T2 1.	MAKE CHECKS PAYABLE TO:	IF PAYING BY	CREDIT CARD, P	LEASE FILL OUT BELOW		
froedtei	rt Hospital		CALCULA.	HECK CARD TO BE USED FOR PAYI	IENT	You can pay your bill by check or credit card.
9200 West Wisconsin	n Avenue Phone: 800-803-8155	CARD NUMBER		AMOUNT	-	check of credit card.
Milwaukee, WI 53226		SIGNATURE		EXP. DATE	-	
Remit To: P.O. Box 3	3202 • Milwaukee, WI 53201-3202	INVOICE DATE	PLEASE PAY THIS	AMOUNT ACCOUNT NUMB	ER.	
		05/1/03	\$100.0			Use this number whenever
1 1****ALITO	**5-DIGIT 12345	PATIENT NAME	7.55	120100700	\dashv \Box	referring to this bill.
SUSAN A. PAT	IENT	Susan A. Patient				
123 Main Stree PO Box 1234	et		PAYMENT IS DUE U			
Anytown, USA	12345-5678	Please cher has change	k box if address is in I, indicate change(s)	correct or insurance information on reverse side.		
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		INVOICE PLEASE DE	FACH AND RETURN TO	P PORTION WITH YOUR PAYMENT.		
Thursday, May 1, 2	2003					
Patient:	Susan A. Patient	Date of Service :		04/24/03		
Account:	123456789	Patient Service:		ER Arena		
Amount Due:	\$100.00	Primary Insurance		WPS		
		Secondary Insuran	ee Billed:	Blue Cross		
Door Sucon						
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