

# 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 CREDIT CARD, PLEASE FILL OUT BELOW



CHECK CARD 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 :** 04/24/04  
**Patient Service:** ER Arena  
**Primary Insurance Billed:** WPS  
**Secondary 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

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

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,

Patient Financial Services

## 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	<input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> 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

<b>MAKE CHECKS PAYABLE TO:</b>		<b>IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW</b>	
<b>Froedtert Hospital</b> 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		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CHECK CARD TO BE USED FOR PAYMENT	
1 1*****AUTO**5-DIGIT 12345 SUSAN A. PATIENT 123 Main Street PO Box 1234 Anytown, USA 12345-5678 		CARD NUMBER	AMOUNT
		SIGNATURE	EXR. DATE
INVOICE DATE	PLEASE PAY THIS AMOUNT	ACCOUNT NUMBER	
05/1/03	\$100.00	123456789	
PATIENT NAME Susan A. Patient			
PAYMENT IS DUE UPON RECEIPT. <input type="checkbox"/> Please check box if address is incorrect or insurance information has changed, indicate change(s) on reverse side.			
0000 0000000312971286 0051987 00000000 000000000000 9			
<b>INVOICE</b>		PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.	
Thursday, May 1, 2003			
<b>Patient:</b>	Susan A. Patient	<b>Date of Service :</b>	04/24/03
<b>Account:</b>	123456789	<b>Patient Service:</b>	ER Arena
<b>Amount Due:</b>	\$100.00	<b>Primary Insurance Billed:</b>	WPS
		<b>Secondary Insurance Billed:</b>	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	← Services include all hospital-provided care, testing and/or treatment(s)	
Emergency Room	\$ 947.00		
EKG/ECG	\$ 84.00		
<b>Total Charges</b>	<b>\$ 1,059.40</b>	← This is the current summary of payments and credits on this account.	
<b>Total Payments</b>	<b>\$ 815.74</b>		
<b>Total Adjustments</b>	<b>\$ 143.66</b>		
<b>Please Pay This Amount</b>	<b>\$ 100.00</b>	← This is your balance due as of the above invoice date.	
Please mail payment in full today or contact Patient Financial Services at 800-803-8155 to arrange payment. If you would like to make a payment online using MasterCard, Visa or Discover, please visit us at http://billpay.froedtert.com. A \$25 service fee will be charged for any checks returned.			
Our commitment is to your health. We appreciate your confidence in Froedtert Hospital.			
Sincerely,			
Patient Financial Services			
<b>Froedtert Hospital</b> 9200 West Wisconsin Avenue Milwaukee, WI 53226-3596			
Page 1 of 1			

You can pay your bill by check or credit card.

Use this number whenever referring to this bill.

Services include all hospital-provided care, testing and/or treatment(s)

This is the current summary of payments and credits on this account.

This is your balance due as of the above invoice date.

Use this number for questions regarding this account.

To receive an itemized bill, please call 800-803-8155.