

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

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		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
Total Charges	\$ 1,059.40
Total Payments	\$ -815.74
Total Adjustments	\$ -143.66
Please 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,

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 YOUR INSURANCE:

ABOUT YOU:

YOUR NAME (Last, First, Middle Initial)
ADDRESS
CITY STATE ZIP
TELEPHONE
MARITAL STATUS
EMPLOYER'S NAME TELEPHONE
EMPLOYER'S ADDRESS CITY STATE ZIP

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

Froedtert Hospital
MAKE CHECKS PAYABLE TO:
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INVOICE
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Date of Service: 04/24/03
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Froedtert Hospital
9200 West Wisconsin Avenue
Milwaukee, WI 53226-3596

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.