# 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
VISAT	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 STATU	JS 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**

	MAKE CHECKS PAYABLE TO:	IF PAYING BY O	REDIT CARD, F	PLEASE FILL OUT BEL	OW	
Froedter	rt Hospital		THEORE	CHECK CARD TO BE USED FO	OR PAYMENT	You can pay your bill by check or credit card.
9200 West Wisconsin Milwaukee, WI 53226		CARD NUMBER		AMOUNT		encer of credit card.
	3202 • Milwaukee, WI 53201-3202	SIGNATURE		EXP. DATE		
Herric Io. 1.0. Box 3	202 - Milwaukee, Wi 33201-3202	INVOICE DATE	PLEASE PAY THI	S AMOUNT ACCOUNT	NUMBER	
		05/1/03	\$100.	00 12345	6789	Use this number whenever referring to this bill.
1 1****AUTO	**5-DIGIT 12345	PATIENT NAME				referring to this bin.
SUSAN A. PAT 123 Main Stree		Susan A. Patient				
PO Box 1234	-	☐ Please chec	PAYMENT IS DUE U	JPON RECEIPT. ncorrect or insurance inform	nation	
Anytown, USA	12345-5678 <b></b>	has changed	indicate change(s	) on reverse side.	iation	
1						
	0000 00	00000312971286 005	987 000	10000 0000001	0000 9	
	I	INVOICE PLEASE DET	ACH AND RETURN TO	OP PORTION WITH YOUR PAYN	IENT.	
Thursday, May 1, 2	2003					
Patient:	Susan A. Patient	Date of Service :		04/24/03		
Account:	123456789	Patient Service:	N211 - 3 -	ER Arena		
Amount Due						
Amount Due:	\$100.00	Primary Insurance Secondary Insurance		WPS Blue Cross		
	\$100.00	•				
Amount Due:  Dear Susan:	\$100.00	•				
Dear Susan: Thank you for sele	ecting Froedtert Hospital for y	Secondary Insurance	e Billed:	Blue Cross	oiol.	
Dear Susan: Thank you for sele	ecting Froedtert Hospital for y	Secondary Insurance	e Billed:	Blue Cross	cial	
Dear Susan: Thank you for seld summary of the ch Services at 800-80	ecting Froedtert Hospital for y	Secondary Insurance your health care services. For would like an itemized states	e Billed:	Blue Cross	icial	Services include all hospital-provided
Dear Susan: Thank you for sele summary of the ch Services at 800-80 Pharmacy	ecting Froedtert Hospital for y larges for this account. If you 33-8155.	Secondary Insurance  /our health care services. For would like an itemized states  \$ 28.40	e Billed:	Blue Cross	icial	Services include all hospital-provided care, testing and/or treatment(s)
Dear Susan: Thank you for seld summary of the ch Services at 800-80	ecting Froedtert Hospital for y larges for this account. If you 33-8155.	Secondary Insurance your health care services. For would like an itemized states	e Billed:	Blue Cross	cial	
Dear Susan: Thank you for selesummary of the ch Services at 800-80 Pharmacy Emergency Ro	ecting Froedtert Hospital for y larges for this account. If you 33-8155.	Secondary Insurance  your health care services. For would like an itemized states  \$ 28.40	e Billed:	Blue Cross	cial	care, testing and/or treatment(s)
Dear Susan: Thank you for sele summary of the ch Services at 800-80  Pharmacy Emergency Ro EKG/ECG  Total Charges	ecting Froedtert Hospital for y narges for this account. If you 33-8155.	Secondary Insurance  your health care services. For would like an itemized states  \$ 28.40	e Billed:	Blue Cross	cial	care, testing and/or treatment(s)  This is the current summary of paymo
Dear Susan: Thank you for seld summary of the ch Services at 800-80 Pharmacy Emergency Ro EKG/ECG Total Charges Total Paymen	ecting Froedtert Hospital for y narges for this account. If you 33-8155.	Secondary Insurance your health care services. For would like an itemized stater  \$ 28.40	e Billed:	Blue Cross	cial	This is the current summary of payme and credits on this account.
Dear Susan: Thank you for seld summary of the ch Services at 800-80 Pharmacy Emergency Ro EKG/ECG Total Charges Total Paymen Total Adjustn	ecting Froedtert Hospital for y larges for this account. If you 33-8155.	Secondary Insurance  your health care services. For would like an itemized states  \$ 28.40	e Billed:	Blue Cross	icial	This is the current summary of payme and credits on this account.  This is your balance due as of the abo
Dear Susan: Thank you for seld summary of the ch Services at 800-80 Pharmacy Emergency Ro EKG/ECG Total Charges Total Paymen	ecting Froedtert Hospital for y larges for this account. If you 33-8155.	Secondary Insurance  your health care services. For would like an itemized stater  \$ 28.40	e Billed:	Blue Cross	cial	This is the current summary of payme and credits on this account.
Dear Susan: Thank you for sele summary of the ch Services at 800-80 Pharmacy Emergency Ro EKG/ECG Total Charges Total Paymen Total Adjustm Please Pay Th	ecting Froedtert Hospital for y larges for this account. If you 33-8155. from ts ts nents iis Amount	Secondary Insurance  your health care services. For would like an itemized states  \$ 28.40	e Billed: your records nent, please	Blue Cross s, below is a call Patient Finan		This is the current summary of payme and credits on this account.  This is your balance due as of the abo
Dear Susan: Thank you for sele summary of the ch Services at 800-80 Pharmacy Emergency Ro EKG/ECG Total Charges Total Paymen Total Adjustin Please Pay Th	ecting Froedtert Hospital for your arges for this account. If you 33-8155.  from  ts ts tents tis Amount  ent in full today or contact Pat ould like to make a payment of	Secondary Insurance  your health care services. For would like an itemized states  \$ 28.40	e Billed: your records nent, please	Blue Cross s, below is a call Patient Finan		This is the current summary of paymand credits on this account.  This is your balance due as of the above the statement of th
Dear Susan: Thank you for sele summary of the ch Services at 800-80 Pharmacy Emergency Ro EKG/ECG Total Charges Total Paymen Total Adjustin Please Pay Th	ecting Froedtert Hospital for y larges for this account. If you 33-8155. from ts ts nents iis Amount	Secondary Insurance  your health care services. For would like an itemized states  \$ 28.40	e Billed: your records nent, please	Blue Cross s, below is a call Patient Finan		This is the current summary of payme and credits on this account.  This is your balance due as of the abo
Dear Susan: Thank you for sele summary of the ch Services at 800-80 Pharmacy Emergency Ro EKG/ECG Total Charges Total Paymen Total Adjustin Please Pay Th  Please mail payme payment. If you we http://billpay.froed	ecting Froedtert Hospital for your arges for this account. If you 33-8155.  from  ts ts tents tis Amount  ent in full today or contact Pat ould like to make a payment of	Secondary Insurance  your health care services. For would like an itemized stater  \$ 28.40	e Billed:  your records ent, please  -803-8155 t or Discovereturned.	Blue Cross s, below is a call Patient Finan		This is the current summary of payme and credits on this account.  This is your balance due as of the abo
Dear Susan: Thank you for sele summary of the ch Services at 800-80 Pharmacy Emergency Ro EKG/ECG Total Charges Total Paymen Total Adjustin Please Pay Th  Please mail payme payment. If you we http://billpay.froed	ecting Froedtert Hospital for your arges for this account. If you 33-8155.  from  ts  ts  tents  is Amount  ent in full today or contact Pat ould like to make a payment of the count. A \$25 service fee w	Secondary Insurance  your health care services. For would like an itemized stater  \$ 28.40	e Billed:  your records ent, please  -803-8155 t or Discovereturned.	Blue Cross s, below is a call Patient Finan		This is the current summary of payme and credits on this account.  This is your balance due as of the abo
Dear Susan: Thank you for sele summary of the ch Services at 800-80 Pharmacy Emergency Ro EKG/ECG Total Charges Total Paymen Total Adjustin Please Pay Th  Please mail payme payment. If you we http://billpay.froed	ecting Froedtert Hospital for your arges for this account. If you 33-8155.  from  ts  ts  tents  is Amount  ent in full today or contact Pat ould like to make a payment of the count. A \$25 service fee w	Secondary Insurance  your health care services. For would like an itemized stater  \$ 28.40	e Billed:  your records ent, please  -803-8155 t or Discovereturned.	Blue Cross s, below is a call Patient Finan		care, testing and/or treatment(s)  This is the current summary of payme and credits on this account.  This is your balance due as of the about invoice date.
Dear Susan: Thank you for seld summary of the ch Services at 800-80 Pharmacy Emergency Ro EKG/ECG Total Charges Total Paymen Total Adjustm Please Pay Th  Please mail payme payment. If you we http://billpay.froed Our commitment i	ecting Froedtert Hospital for your arges for this account. If you its assessments its amount ent in full today or contact Pateut.com. A \$25 service fee we set to your health. We appreciate	Secondary Insurance  your health care services. For would like an itemized stater  \$ 28.40	e Billed:  your records ent, please  -803-8155 t or Discovereturned.	Blue Cross s, below is a call Patient Finan		care, testing and/or treatment(s)  This is the current summary of payme and credits on this account.  This is your balance due as of the abounce date.  Use this number for questions rega
Dear Susan: Thank you for selesummary of the ch Services at 800-80  Pharmacy Emergency Ro EKG/ECG  Total Charges Total Paymen Total Adjustm Please Pay Th  Please mail paymen payment. If you we http://billpay.froed Our commitment i	ecting Froedtert Hospital for your arges for this account. If you its assessments its amount ent in full today or contact Pateut.com. A \$25 service fee we set to your health. We appreciate	Secondary Insurance  your health care services. For would like an itemized stater  \$ 28.40	e Billed:  your records nent, please  -803-8155 t or Discovereturned. rt Hospital.	Blue Cross s, below is a call Patient Finan o arrange r, please visit us a	nt .	care, testing and/or treatment(s)  This is the current summary of payme and credits on this account.  This is your balance due as of the about invoice date.
Dear Susan: Thank you for seld summary of the ch Services at 800-80 Pharmacy Emergency Ro EKG/ECG Total Charges Total Paymen Total Adjustm Please Pay Th  Please mail payme payment. If you we http://billpay.froed Our commitment i	ecting Froedtert Hospital for your arges for this account. If you its assessments its amount ent in full today or contact Pateut.com. A \$25 service fee we set to your health. We appreciate	Secondary Insurance  your health care services. For would like an itemized stater  \$ 28.40	e Billed:  your records nent, please  -803-8155 t or Discovereturned. rt Hospital.	Blue Cross s, below is a call Patient Finan	spital	care, testing and/or treatment(s)  This is the current summary of payme and credits on this account.  This is your balance due as of the abounce date.  Use this number for questions rega