

INVOICE

For customer service or to  
make a payment please call  
800-803-8155 or visit our  
website.

GUARANTOR NAME

JOHN SAMPLE

PRIMARY INSURANCE

ANTHEM

INVOICE DATE

01/09/14

SECONDARY INSURANCE

NO INSURANCE ON FILE



SERVICE DATE	PATIENT	DESCRIPTION	CHARGES	INS PMTS & ADJS	PATIENT PMTS	BALANCE DUE
11/19/13	JOHN SAMPLE	ACCOUNT # 00000 CDI MAYFAIR OUTPATIENT	\$2,427.00	-\$2,028.97	\$0.00	\$398.03

Important Message:

Only accounts that currently have a patient due balance are shown on this invoice. Please call us at the phone number listed above if you would like an itemized statement. This invoice reflects charges for hospital services only. Physician charges will be billed separately by the Medical College of Wisconsin. **Please see reverse side for additional information.**

Please Pay This Amount by  
01/30/14  
**\$398.03**

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT TO PO BOX 3202, MILWAUKEE, WI 53201-3202

Froedtert Hospital

P.O. BOX 6545  
Madison, WI 53716-0545

00001

00000 3302

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



12345-09A \*#2\*\*\*\*\*SINGLE-PIECE  
JOHN Q SAMPLE  
123 ANY STREET  
ANYTOWN US 12345

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW



CARD NUMBER	AMOUNT
SIGNATURE	EXP. DATE

INVOICE DATE	ACCOUNT #	INVOICE AMT DUE
01/09/14	00000	\$398.03



Froedtert Hospital  
P.O. Box 3202  
Milwaukee WI 53201-3202

# Froedtert Hospital

*Froedtert.com*

## Froedtert Hospital - Patient Financial Services

### Telephone Hours • 800-803-8155

**Monday through Thursday 8:00 am – 8:00 pm**

**Friday 8:00 am – 5:00 pm**

**Saturday 9:00 am – 1:00 pm**

### Walk-In Hours

**Monday through Friday 8:00 am – 4:30 pm**

*Located in the Froedtert Health Corporate  
Center building in Menomonee Falls*

### Account Information

To make a payment or review your account information after our normal business hours, please call 800-803-8155 to access our interactive voice response system

### Insurance Information

Froedtert Hospital will bill your insurance company on your behalf if you have provided us with your insurance information at the time of registration. If you did not have your insurance information with you, please fax a copy of your insurance card to us at 414-805-8500.

### Physician Billing

Services provided by your physician are not included on your hospital bill. Questions about your physician billing should be directed to the Medical College of Wisconsin at 800-242-1649.

### Financial Assistance

Financial Assistance is available for those who qualify. If you would like a Financial Assistance application or have questions about the Financial Assistance Program, please contact our office. Completed applications and other information can also be faxed to 414-777-1503.

### Payment Plans and Billing Practices

Froedtert Health Patient Financial Services will try to collect any unpaid balances from the patient for approximately 120 days before we refer an account for further collection activity. If you cannot pay the balance in full upon receipt of this invoice, please contact our office to make payment arrangements. Failure to set up a formal payment arrangement that meets the guidelines of Froedtert Health will result in the account being referred for further collection activity.

## PLEASE UPDATE ANY AND ALL INFORMATION THAT HAS CHANGED SINCE YOUR LAST INVOICE

Responsible Party Name	Address, City, State, Zip	Daytime Phone ( )	Evening Phone ( )
Primary Insurance Company Name	Primary Insurance Address, City, State, Zip		Phone ( )
Policyholder Name	Patient Relationship to Policyholder	Policyholder Date of Birth	
Identification Number	Group Number	Effective Date of Coverage	
Employer Name	Employer Address, City, State, Zip		Phone ( )
Secondary Insurance Company Name	Secondary Insurance Address, City, State, Zip		Phone ( )
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**GUARANTOR NAME**

JOHN SAMPLE

**INVOICE DATE**

01/09/14

**PRIMARY INSURANCE**

MEDICARE

**SECONDARY INSURANCE**

NO INSURANCE ON FILE



SERVICE DATE	PATIENT	DESCRIPTION	CHARGES	INS PMTS & ADJS	PATIENT PMTS	BALANCE DUE
09/07/13 - 09/18/13	JOHN SAMPLE	ACCOUNT # 00000	\$112,464.00	-\$111,280.00	\$0.00	\$1,184.00

TOTAL BALANCE DUE = \$1,184.00

After repeated requests for payment on your past due account(s) there continues to be an outstanding balance of \$1,184.00. If the balance in full is not received within 10 days your account(s) will be referred to a collection agency for further collection action.

Mail payment in full today or contact our office toll free at 800-803-8155 to arrange payment over the phone. If you would like to make a payment using Visa, MasterCard or Discover, please visit us at *Froedtert.com*. A \$25.00 service fee will be charged for any checks returned.

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**Froedtert Hospital**

P.O. BOX 6545  
Madison, WI 53716-0545

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00000 3310

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12345-09A\*2\*\*\*\*\*SINGLE-PIECE  
JOHN Q SAMPLE  
123 ANY STREET  
ANYTOWN US 12345

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW



CARD NUMBER

AMOUNT

SIGNATURE

EXP. DATE

INVOICE DATE

01/09/14

ACCOUNT #

00000

BALANCE DUE

\$1,184.00



Froedtert Hospital  
P.O. Box 3202  
Milwaukee WI 53201-3202

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*Froedtert.com*

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REMINDER NOTICE

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GUARANTOR NAME

JOHN SAMPLE

INVOICE DATE

01/09/14



SERVICE DATE	PATIENT	DESCRIPTION	CHARGES	INS PMTS & ADJS	PATIENT PMTS	BALANCE DUE
02/14/13	JOHN SAMPLE	ACCOUNT # 00000	\$2,474.00	-\$944.00	-\$983.52	\$546.48
03/22/13	JOHN SAMPLE	ACCOUNT # 00000	\$2,474.00	-\$2,168.00	\$0.00	\$306.00

CURRENT PAYMENT DUE = \$109.28

TOTAL BALANCE DUE = \$852.48

This is just a friendly reminder of your scheduled payment. Your payment of \$109.28 is expected in our office by 01/23/14. For your convenience, please use the enclosed envelope or call toll-free 800-803-8155 to make payment by phone. If you would like to make a payment online using Visa, MasterCard or Discover, please visit us at [Froedtert.com](http://Froedtert.com). A \$25.00 service fee will be charged for any checks returned.

Please be reminded that late or missed payments will result in the cancellation of this agreement and may result in further collection activity. Additional outstanding accounts not included in this agreement are not reflected in this statement.

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Froedtert Hospital

P.O. BOX 6545  
Madison, WI 53716-0545

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00000 3304

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12345-09A\*2\*\*\*\*\*SINGLE-PIECE  
JOHN Q SAMPLE  
123 ANY STREET  
ANYTOWN US 12345

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CARD NUMBER	AMOUNT
SIGNATURE	EXP. DATE

INVOICE DATE	ACCOUNT #	PAYMENT DUE
01/09/14	00000	\$109.28



Froedtert Hospital  
P.O. Box 3202  
Milwaukee WI 53201-3202

# Froedtert Hospital

Froedtert.com

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INVOICE

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GUARANTOR NAME

JOHN SAMPLE

INVOICE DATE

01/09/14

PRIMARY INSURANCE

NO INSURANCE ON FILE

SECONDARY INSURANCE

NO INSURANCE ON FILE



SERVICE DATE	PATIENT	DESCRIPTION	CHARGES	SELF PAY DISCOUNT	PMTS & ADJS	BALANCE DUE
11/19/13 - 11/20/13	JOHN SAMPLE	ACCOUNT # 00000 HOSPITALIST OUTPATIENT	\$8,482.96	-\$1696.59	\$0.00	\$6,786.37

Important Message:

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Please Pay This Amount by  
01/30/14

**\$6,786.37**

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Froedtert Hospital

P.O. BOX 6545  
Madison, WI 53716-0545

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00000 3301

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12345-09A\*2\*\*\*\*\*SINGLE-PIECE  
JOHN Q SAMPLE  
123 ANY STREET  
ANYTOWN US 12345

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW



CARD NUMBER

AMOUNT

SIGNATURE

EXP. DATE

INVOICE DATE

ACCOUNT #

INVOICE AMT DUE

01/09/14

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\$6,786.37



Froedtert Hospital  
P.O. Box 3202  
Milwaukee WI 53201-3202

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# Froedtert Hospital

*Froedtert.com*

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Identification Number	Group Number	Effective Date of Coverage	
Employer Name	Employer Address, City, State, Zip		Phone ( )
Secondary Insurance Company Name	Secondary Insurance Address, City, State, Zip		Phone ( )
Policyholder Name	Patient Relationship to Policyholder	Policyholder Date of Birth	
Identification Number	Group Number	Effective Date of Coverage	
Employer Name	Employer Address, City, State, Zip		Phone ( )



# NOTICE OF MISSED PAYMENT

**Froedtert Hospital**  
Froedtert.com

For customer service or to  
make a payment please call  
800-803-8155 or visit our  
website.

**GUARANTOR NAME**

JOHN SAMPLE

**INVOICE DATE**

01/09/14



SERVICE DATE	PATIENT	DESCRIPTION	CHARGES	INS PMTS & ADJS	PATIENT PMTS	BALANCE DUE
03/08/13	JOHN SAMPLE	ACCOUNT # 00000	\$3,486.74	-\$2,073.16	-\$708.00	\$705.58

**CURRENT PAYMENT DUE = \$118.00**

**TOTAL BALANCE DUE = \$705.58**

We previously agreed to a payment plan with you. We have not received your payment of **\$118.00** that was due on 12/21/13. Please mail your payment in the enclosed envelope immediately to prevent cancellation of your payment plan or call toll free at 800-803-8155 to make payment by phone. If you would like to make a payment online using Visa, MasterCard or Discover, please visit us at [Froedtert.com](http://Froedtert.com). A \$25.00 service fee will be charged for any checks returned.

As explained when the payment plan was made, late or missed payment will result in the payment plan being cancelled. Please send payment today.

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**PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT TO PO BOX 3202, MILWAUKEE, WI 53201-3202**

**Froedtert Hospital**

P.O. BOX 6545  
Madison, WI 53716-0545

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00000 3305

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12345-09A\*2\*\*\*\*\*SINGLE-PIECE  
JOHN Q SAMPLE  
123 ANY STREET  
ANYTOWN US 12345

**IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW**



CARD NUMBER

AMOUNT

SIGNATURE

EXP. DATE

INVOICE DATE

ACCOUNT #

PAYMENT DUE

01/09/14

00000

\$118.00



Froedtert Hospital  
P.O. Box 3202  
Milwaukee WI 53201-3202

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# Froedtert Hospital

Froedtert.com

## Froedtert Hospital - Patient Financial Services

### Telephone Hours • 800-803-8155

**Monday through Thursday 8:00 am – 8:00 pm**

**Friday 8:00 am – 5:00 pm**

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Policyholder Name	Patient Relationship to Policyholder	Policyholder Date of Birth	
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Employer Name	Employer Address, City, State, Zip	Phone ( )	

# FINAL NOTICE

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**GUARANTOR NAME**

JOHN SAMPLE

**PRIMARY INSURANCE**

HUMANA MEDICARE

**INVOICE DATE**

01/09/14

**SECONDARY INSURANCE**

NO INSURANCE ON FILE



SERVICE DATE	PATIENT	DESCRIPTION	CHARGES	INS PMTS & ADJS	PATIENT PMTS	BALANCE DUE
09/16/13	JOHN SAMPLE	ACCOUNT # 00000	\$2,928.00	-\$2,871.23	\$0.00	\$56.77
09/20/13	JOHN SAMPLE	ACCOUNT # 00000	\$3,397.00	-\$3,336.55	\$0.00	\$60.45
09/25/13	JOHN SAMPLE	ACCOUNT # 00000	\$2,874.00	-\$2,821.65	\$0.00	\$52.35

**CONTINUED ON NEXT PAGE ---->**

After repeated requests for payment on your past due account(s) there continues to be an outstanding balance of \$267.54. If the balance in full is not received within 10 days your account(s) will be referred to a collection agency for further collection action.

Mail payment in full today or contact our office toll free at 800-803-8155 to arrange payment over the phone. If you would like to make a payment using Visa, MasterCard or Discover, please visit us at *Froedtert.com*. A \$25.00 service fee will be charged for any checks returned.

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00000 3310

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12345-09A\*2\*\*\*\*\*SINGLE-PIECE  
JOHN Q SAMPLE  
123 ANY STREET  
ANYTOWN US 12345

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW



CARD NUMBER	AMOUNT
SIGNATURE	EXP. DATE

INVOICE DATE	ACCOUNT #	BALANCE DUE
01/09/14	00000	\$267.54



Froedtert Hospital  
P.O. Box 3202  
Milwaukee WI 53201-3202

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*Froedtert.com*

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**GUARANTOR NAME**

JOHN SAMPLE

**INVOICE DATE**

01/09/14

**PRIMARY INSURANCE**

HUMANA MEDICARE

**SECONDARY INSURANCE**

NO INSURANCE ON FILE



SERVICE DATE	PATIENT	DESCRIPTION	CHARGES	INS PMTS & ADJS	PATIENT PMTS	BALANCE DUE
09/26/13	JOHN SAMPLE	ACCOUNT # 00000	\$2,734.00	-\$2,696.48	\$0.00	\$37.52
09/27/13	JOHN SAMPLE	ACCOUNT # 00000	\$3,397.00	-\$3,336.55	\$0.00	\$60.45

TOTAL BALANCE DUE = \$267.54

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Froedtert Health Patient Financial Services will try to collect any unpaid balances from the patient for approximately 120 days before we refer an account for further collection activity. If you cannot pay the balance in full upon receipt of this invoice, please contact our office to make payment arrangements. Failure to set up a formal payment arrangement that meets the guidelines of Froedtert Health will result in the account being referred for further collection activity.

## PLEASE UPDATE ANY AND ALL INFORMATION THAT HAS CHANGED SINCE YOUR LAST INVOICE

Responsible Party Name	Address, City, State, Zip	Daytime Phone ( )	Evening Phone ( )
Primary Insurance Company Name	Primary Insurance Address, City, State, Zip	Phone ( )	
Policyholder Name	Patient Relationship to Policyholder	Policyholder Date of Birth	
Identification Number	Group Number	Effective Date of Coverage	
Employer Name	Employer Address, City, State, Zip	Phone ( )	
Secondary Insurance Company Name	Secondary Insurance Address, City, State, Zip	Phone ( )	
Policyholder Name	Patient Relationship to Policyholder	Policyholder Date of Birth	
Identification Number	Group Number	Effective Date of Coverage	
Employer Name	Employer Address, City, State, Zip	Phone ( )	

REMINDER NOTICE

For customer service or to  
make a payment please call  
800-803-8155 or visit our  
website.

GUARANTOR NAME

JOHN SAMPLE

INVOICE DATE

01/09/14



SERVICE DATE	PATIENT	DESCRIPTION	CHARGES	INS PMTS & ADJS	PATIENT PMTS	BALANCE DUE
12/04/12	JOHN SAMPLE	ACCOUNT # 00000	\$6,567.63	-\$6,116.92	-\$249.67	\$201.04
01/29/13	JOHN SAMPLE	ACCOUNT # 00000	\$6,761.01	-\$6,295.88	\$0.00	\$465.13
06/05/13	JOHN SAMPLE	ACCOUNT # 00000	\$7,023.92	-\$6,549.41	\$0.00	\$474.51
04/02/13	JOHN SAMPLE	ACCOUNT # 00000	\$6,610.42	-\$6,143.71	\$0.00	\$466.71
07/31/13	JOHN SAMPLE	ACCOUNT # 00000	\$7,179.04	-\$6,702.78	\$0.00	\$476.26

CONTINUED ON NEXT PAGE ---->

This is just a friendly reminder of your scheduled payment. Your payment of \$215.00 is expected in our office by 01/23/14. For your convenience, please use the enclosed envelope or call toll-free 800-803-8155 to make payment by phone. If you would like to make a payment online using Visa, MasterCard or Discover, please visit us at [Froedtert.com](http://Froedtert.com). A \$25.00 service fee will be charged for any checks returned.

Please be reminded that late or missed payments will result in the cancellation of this agreement and may result in further collection activity. Additional outstanding accounts not included in this agreement are not reflected in this statement.

This notice may not include all outstanding accounts.

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT TO PO BOX 3202, MILWAUKEE, WI 53201-3202

Froedtert Hospital

P.O. BOX 6545  
Madison, WI 53716-0545

00007

00000 3304

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



12345-09A\*2\*\*\*\*\*SINGLE-PIECE  
JOHN Q SAMPLE  
123 ANY STREET  
ANYTOWN US 12345

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW



CARD NUMBER	AMOUNT
SIGNATURE	EXP. DATE

INVOICE DATE	ACCOUNT #	PAYMENT DUE
01/09/14	00000	\$215.00



Froedtert Hospital  
P.O. Box 3202  
Milwaukee WI 53201-3202

# Froedtert Hospital

*Froedtert.com*

## Froedtert Hospital - Patient Financial Services

### Telephone Hours • 800-803-8155

**Monday through Thursday 8:00 am – 8:00 pm**

**Friday 8:00 am – 5:00 pm**

**Saturday 9:00 am – 1:00 pm**

### Walk-In Hours

**Monday through Friday 8:00 am – 4:30 pm**

*Located in the Froedtert Health Corporate  
Center building in Menomonee Falls*

### Account Information

To make a payment or review your account information after our normal business hours, please call 800-803-8155 to access our interactive voice response system

### Insurance Information

Froedtert Hospital will bill your insurance company on your behalf if you have provided us with your insurance information at the time of registration. If you did not have your insurance information with you, please fax a copy of your insurance card to us at 414-805-8500.

### Physician Billing

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# REMINDER NOTICE

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800-803-8155 or visit our  
website.

**GUARANTOR NAME**

JOHN SAMPLE

**INVOICE DATE**

01/09/14



SERVICE DATE	PATIENT	DESCRIPTION	CHARGES	INS PMTS & ADJS	PATIENT PMTS	BALANCE DUE
09/26/13	JOHN SAMPLE	ACCOUNT # 00000	\$7,238.62	-\$6,764.19	\$0.00	\$474.43

**CURRENT PAYMENT DUE = \$215.00**  
TOTAL BALANCE DUE = \$2,558.08

**Important Message:**

Only accounts that currently have a patient due balance are shown above. Please call us at the phone number listed above if you would like an itemized statement.

Please Pay This Amount by  
01/23/14  
**\$215.00**

# Froedtert Hospital

*Froedtert.com*

## Froedtert Hospital - Patient Financial Services

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Secondary Insurance Company Name	Secondary Insurance Address, City, State, Zip		Phone ( )
Policyholder Name	Patient Relationship to Policyholder	Policyholder Date of Birth	
Identification Number	Group Number	Effective Date of Coverage	
Employer Name	Employer Address, City, State, Zip		Phone ( )

# NOTICE OF MISSED PAYMENT

**Froedtert Hospital**  
Froedtert.com

For customer service or to  
make a payment please call  
800-803-8155 or visit our  
website.

**GUARANTOR NAME**

JOHN SAMPLE

**INVOICE DATE**

01/09/14



SERVICE DATE	PATIENT	DESCRIPTION	CHARGES	INS PMTS & ADJS	PATIENT PMTS	BALANCE DUE
09/04/13	JOHN SAMPLE	ACCOUNT # 00000	\$186.50	-\$151.68	\$0.00	\$34.82
10/16/13	JOHN SAMPLE	ACCOUNT # 00000	\$186.50	-\$151.68	\$0.00	\$34.82
10/03/12	JOHN SAMPLE	ACCOUNT # 00000	\$180.50	-\$155.05	\$0.00	\$25.45
11/13/13	JOHN SAMPLE	ACCOUNT # 00000	\$186.50	-\$151.68	\$0.00	\$34.82

**CURRENT PAYMENT DUE = \$47.54**

**TOTAL BALANCE DUE = \$129.91**

We previously agreed to a payment plan with you. We have not received your payment of **\$47.54** that was due on 12/23/13. Please mail your payment in the enclosed envelope immediately to prevent cancellation of your payment plan or call toll free at 800-803-8155 to make payment by phone. If you would like to make a payment online using Visa, MasterCard or Discover, please visit us at [Froedtert.com](http://Froedtert.com). A \$25.00 service fee will be charged for any checks returned.

As explained when the payment plan was made, late or missed payment will result in the payment plan being cancelled. Please send payment today.

**This notice may not include all outstanding accounts.**

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT TO PO BOX 3202, MILWAUKEE, WI 53201-3202

**Froedtert Hospital**

P.O. BOX 6545  
Madison, WI 53716-0545

00008

00000 3305

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



12345-09A\*2\*\*\*\*\*SINGLE-PIECE  
JOHN Q SAMPLE  
123 ANY STREET  
ANYTOWN US 12345

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW



CARD NUMBER

AMOUNT

SIGNATURE

EXP. DATE

INVOICE DATE

01/09/14

ACCOUNT #

00000

PAYMENT DUE

\$47.54



Froedtert Hospital  
P.O. Box 3202  
Milwaukee WI 53201-3202

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# Froedtert Hospital

Froedtert.com

## Froedtert Hospital - Patient Financial Services

### Telephone Hours • 800-803-8155

**Monday through Thursday 8:00 am – 8:00 pm**

**Friday 8:00 am – 5:00 pm**

**Saturday 9:00 am – 1:00 pm**

### Walk-In Hours

**Monday through Friday 8:00 am – 4:30 pm**

*Located in the Froedtert Health Corporate  
Center building in Menomonee Falls*

### Account Information

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### Insurance Information

Froedtert Hospital will bill your insurance company on your behalf if you have provided us with your insurance information at the time of registration. If you did not have your insurance information with you, please fax a copy of your insurance card to us at 414-805-8500.

### Physician Billing

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### Financial Assistance

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### Payment Plans and Billing Practices

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INVOICE

For customer service or to  
make a payment please call  
800-803-8155 or visit our  
website.

GUARANTOR NAME

JOHN SAMPLE

PRIMARY INSURANCE

UMR UT

INVOICE DATE

01/09/14

SECONDARY INSURANCE

NO INSURANCE ON FILE



SERVICE DATE	PATIENT	DESCRIPTION	CHARGES	INS PMTS & ADJS	PATIENT PMTS	BALANCE DUE
11/07/13	JOHN SAMPLE	ACCOUNT # 00000 INFUSION FEC OUTPATIENT	\$831.14	-\$784.59	\$0.00	\$46.55
11/14/13	JOHN SAMPLE	ACCOUNT # 00000 INFUSION FEC OUTPATIENT	\$664.01	-\$626.82	\$0.00	\$37.19
11/25/13	JOHN SAMPLE	ACCOUNT # 00000 INFUSION FEC OUTPATIENT	\$771.14	-\$727.95	\$0.00	\$43.19

CONTINUED ON NEXT PAGE ---->

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Please Pay This Amount by  
01/30/14  
**\$426.25**

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT TO PO BOX 3202, MILWAUKEE, WI 53201-3202

Froedtert Hospital

P.O. BOX 6545  
Madison, WI 53716-0545

00009

00000 3302

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



12345-09A\*2\*\*\*\*\*SINGLE-PIECE  
JOHN Q SAMPLE  
123 ANY STREET  
ANYTOWN US 12345

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW



CARD NUMBER

AMOUNT

SIGNATURE

EXP. DATE

INVOICE DATE

ACCOUNT #

INVOICE AMT DUE

01/09/14

00000

\$426.25



Froedtert Hospital  
P.O. Box 3202  
Milwaukee WI 53201-3202

# Froedtert Hospital

*Froedtert.com*

## Froedtert Hospital - Patient Financial Services

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# INVOICE

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800-803-8155 or visit our  
website.

**GUARANTOR NAME**

JOHN SAMPLE

**INVOICE DATE**

01/09/14

**PRIMARY INSURANCE**

UMR UT

**SECONDARY INSURANCE**

NO INSURANCE ON FILE



SERVICE DATE	PATIENT	DESCRIPTION	CHARGES	INS PMTS & ADJS	PATIENT PMTS	BALANCE DUE
11/26/13 - 11/27/13	JOHN SAMPLE	ACCOUNT # 00000 GYNECOLOGY OUTPATIENT	\$2,689.02	-\$2,538.44	\$0.00	\$150.58
12/02/13	JOHN SAMPLE	ACCOUNT # 00000 INFUSION FEC OUTPATIENT	\$602.14	-\$568.41	\$0.00	\$33.73
12/05/13	JOHN SAMPLE	ACCOUNT # 00000 INFUSION FEC OUTPATIENT	\$679.60	-\$641.54	\$0.00	\$38.06
12/10/13	JOHN SAMPLE	ACCOUNT # 00000 INFUSION MOORLAND OUTPATIENT	\$542.80	-\$512.40	\$0.00	\$30.40
12/12/13	JOHN SAMPLE	ACCOUNT # 00000 INFUSION FEC OUTPATIENT	\$831.14	-\$784.59	\$0.00	\$46.55

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Please Pay This Amount by  
01/30/14  
**\$426.25**

# Froedtert Hospital

Froedtert.com

## Froedtert Hospital - Patient Financial Services

### Telephone Hours • 800-803-8155

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INVOICE

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800-803-8155 or visit our  
website.

GUARANTOR NAME

JOHN SAMPLE

INVOICE DATE

01/09/14



PRIMARY INSURANCE

NO INSURANCE ON FILE

SECONDARY INSURANCE

NO INSURANCE ON FILE

SERVICE DATE	PATIENT	DESCRIPTION	CHARGES	SELF PAY DISCOUNT	PMTS & ADJS	BALANCE DUE
10/21/13	JOHN SAMPLE	ACCOUNT # 00000 LAB CC OUTPATIENT	\$996.48	-\$199.30	\$0.00	\$797.18
10/23/13	JOHN SAMPLE	ACCOUNT # 00000 LAB CC OUTPATIENT	\$521.99	-\$104.40	\$0.00	\$417.59
10/25/13	JOHN SAMPLE	ACCOUNT # 00000 LAB CC OUTPATIENT	\$611.48	-\$122.30	\$0.00	\$489.18
10/28/13	JOHN SAMPLE	ACCOUNT # 00000 LAB CC OUTPATIENT	\$932.48	-\$186.50	\$0.00	\$745.98

CONTINUED ON NEXT PAGE ---->

Important Message:

\*\*You will receive an additional 10% discount on the balance due if we receive the payment in full within 10 days of this invoice date. If you would like an itemized bill, please call us at the number above. This invoice reflects charges for hospital services only. Physician charges will be billed separately by the Medical College of Wisconsin.

Please see reverse side for additional information.

Please Pay This Amount by  
01/30/14

**\$63,662.14**

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT TO PO BOX 3202, MILWAUKEE, WI 53201-3202

Froedtert Hospital

00010

P.O. BOX 6545  
Madison, WI 53716-0545

00000 3301

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



12345-09A\*2\*\*\*\*\*SINGLE-PIECE  
JOHN Q SAMPLE  
123 ANY STREET  
ANYTOWN US 12345

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW



CARD NUMBER

AMOUNT

SIGNATURE

EXP. DATE

INVOICE DATE

ACCOUNT #

INVOICE AMT DUE

01/09/14

00000

\$63,662.14



Froedtert Hospital  
P.O. Box 3202  
Milwaukee WI 53201-3202

# Froedtert Hospital

Froedtert.com

## Froedtert Hospital - Patient Financial Services

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Identification Number	Group Number	Effective Date of Coverage	
Employer Name	Employer Address, City, State, Zip	Phone ( )	

## INVOICE

For customer service or to  
make a payment please call  
800-803-8155 or visit our  
website.

GUARANTOR NAME

JOHN SAMPLE

INVOICE DATE

01/09/14

PRIMARY INSURANCE

NO INSURANCE ON FILE

SECONDARY INSURANCE

NO INSURANCE ON FILE

SERVICE DATE	PATIENT	DESCRIPTION	CHARGES	SELF PAY DISCOUNT	PMTS & ADJS	BALANCE DUE
10/24/13	JOHN SAMPLE	ACCOUNT # 00000 OPHTHALMOLOGY EI OUTPATIENT	\$84.50	-\$16.90	\$0.00	\$67.60
10/30/13	JOHN SAMPLE	ACCOUNT # 00000 LAB CC OUTPATIENT	\$277.99	-\$55.60	\$0.00	\$222.39
11/04/13	JOHN SAMPLE	ACCOUNT # 00000 DIABETES CARE FEC OUTPATIENT	\$220.00	-\$44.00	\$0.00	\$176.00
11/07/13	JOHN SAMPLE	ACCOUNT # 00000 LAB CC OUTPATIENT	\$3,744.19	-\$748.84	\$0.00	\$2,995.35
11/18/13	JOHN SAMPLE	ACCOUNT # 00000 HEMONC BMT CC OUTPATIENT	\$932.48	-\$186.50	\$0.00	\$745.98
11/20/13	JOHN SAMPLE	ACCOUNT # 00000 HEMONC BMT CC OUTPATIENT	\$5,777.24	-\$1155.45	\$0.00	\$4,621.79
11/21/13	JOHN SAMPLE	ACCOUNT # 00000 DAY HOSPITAL CC OUTPATIENT	\$5,266.07	-\$1053.21	\$0.00	\$4,212.86
11/22/13	JOHN SAMPLE	ACCOUNT # 00000 LAB CC OUTPATIENT	\$5,450.06	-\$1090.01	\$0.00	\$4,360.05

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Please Pay This Amount by  
01/30/14

**\$63,662.14**

# Froedtert Hospital

Froedtert.com

## Froedtert Hospital - Patient Financial Services

### Telephone Hours • 800-803-8155

**Monday through Thursday 8:00 am – 8:00 pm**

**Friday 8:00 am – 5:00 pm**

**Saturday 9:00 am – 1:00 pm**

### Walk-In Hours

**Monday through Friday 8:00 am – 4:30 pm**

*Located in the Froedtert Health Corporate  
Center building in Menomonee Falls*

### Account Information

To make a payment or review your account information after our normal business hours, please call 800-803-8155 to access our interactive voice response system

### Insurance Information

Froedtert Hospital will bill your insurance company on your behalf if you have provided us with your insurance information at the time of registration. If you did not have your insurance information with you, please fax a copy of your insurance card to us at 414-805-8500.

### Physician Billing

Services provided by your physician are not included on your hospital bill. Questions about your physician billing should be directed to the Medical College of Wisconsin at 800-242-1649.

### Financial Assistance

Financial Assistance is available for those who qualify. If you would like a Financial Assistance application or have questions about the Financial Assistance Program, please contact our office. Completed applications and other information can also be faxed to 414-777-1503.

### Payment Plans and Billing Practices

Froedtert Health Patient Financial Services will try to collect any unpaid balances from the patient for approximately 120 days before we refer an account for further collection activity. If you cannot pay the balance in full upon receipt of this invoice, please contact our office to make payment arrangements. Failure to set up a formal payment arrangement that meets the guidelines of Froedtert Health will result in the account being referred for further collection activity.

## PLEASE UPDATE ANY AND ALL INFORMATION THAT HAS CHANGED SINCE YOUR LAST INVOICE

Responsible Party Name	Address, City, State, Zip	Daytime Phone ( )	Evening Phone ( )
Primary Insurance Company Name	Primary Insurance Address, City, State, Zip	Phone ( )	
Policyholder Name	Patient Relationship to Policyholder	Policyholder Date of Birth	
Identification Number	Group Number	Effective Date of Coverage	
Employer Name	Employer Address, City, State, Zip	Phone ( )	
Secondary Insurance Company Name	Secondary Insurance Address, City, State, Zip	Phone ( )	
Policyholder Name	Patient Relationship to Policyholder	Policyholder Date of Birth	
Identification Number	Group Number	Effective Date of Coverage	
Employer Name	Employer Address, City, State, Zip	Phone ( )	

## INVOICE

For customer service or to  
make a payment please call  
800-803-8155 or visit our  
website.

**GUARANTOR NAME**

JOHN SAMPLE

**INVOICE DATE**

01/09/14

**PRIMARY INSURANCE**

NO INSURANCE ON FILE

**SECONDARY INSURANCE**

NO INSURANCE ON FILE

SERVICE DATE	PATIENT	DESCRIPTION	CHARGES	SELF PAY DISCOUNT	PMTS & ADJS	BALANCE DUE
11/06/13	JOHN SAMPLE	ACCOUNT # 00000 HEMONC BMT CC OUTPATIENT	\$902.98	-\$180.60	\$0.00	\$722.38
11/23/13	JOHN SAMPLE	ACCOUNT # 00000 DAY HOSPITAL CC OUTPATIENT	\$5,219.45	-\$1043.89	\$0.00	\$4,175.56
11/24/13	JOHN SAMPLE	ACCOUNT # 00000 DAY HOSPITAL CC OUTPATIENT	\$5,219.45	-\$1043.89	\$0.00	\$4,175.56
11/25/13	JOHN SAMPLE	ACCOUNT # 00000 LAB CC OUTPATIENT	\$5,834.05	-\$1166.81	\$0.00	\$4,667.24
11/26/13	JOHN SAMPLE	ACCOUNT # 00000 DAY HOSPITAL CC OUTPATIENT	\$5,129.89	-\$1025.98	\$0.00	\$4,103.91
11/27/13	JOHN SAMPLE	ACCOUNT # 00000 HEMONC BMT CC OUTPATIENT	\$5,677.55	-\$1135.51	\$0.00	\$4,542.04
11/28/13	JOHN SAMPLE	ACCOUNT # 00000 DAY HOSPITAL CC OUTPATIENT	\$5,219.45	-\$1043.89	\$0.00	\$4,175.56
11/29/13	JOHN SAMPLE	ACCOUNT # 00000 HEMONC BMT CC OUTPATIENT	\$5,677.55	-\$1135.51	\$0.00	\$4,542.04

**CONTINUED ON NEXT PAGE ---->****Important Message:**

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### Payment Plans and Billing Practices

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# INVOICE

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**GUARANTOR NAME**

JOHN SAMPLE

**INVOICE DATE**

01/09/14

**PRIMARY INSURANCE**

NO INSURANCE ON FILE

**SECONDARY INSURANCE**

NO INSURANCE ON FILE



SERVICE DATE	PATIENT	DESCRIPTION	CHARGES	SELF PAY DISCOUNT	PMTS & ADJS	BALANCE DUE
11/27/13	JOHN SAMPLE	ACCOUNT # 00000 ENDOCRINE FEC OUTPATIENT	\$116.50	-\$23.30	\$0.00	\$93.20
12/04/13	JOHN SAMPLE	ACCOUNT # 00000 HEMONC BMT CC OUTPATIENT	\$3,524.10	-\$704.82	\$0.00	\$2,819.28
12/06/13	JOHN SAMPLE	ACCOUNT # 00000 HEMONC BMT CC OUTPATIENT	\$794.50	-\$158.90	\$0.00	\$635.60
12/09/13	JOHN SAMPLE	ACCOUNT # 00000 HEMONC BMT CC OUTPATIENT	\$2,360.10	-\$472.02	\$0.00	\$1,888.08
12/13/13	JOHN SAMPLE	ACCOUNT # 00000 HEMONC BMT CC OUTPATIENT	\$3,088.17	-\$617.63	\$0.00	\$2,470.54
12/11/13	JOHN SAMPLE	ACCOUNT # 00000 HEMONC BMT CC OUTPATIENT	\$752.48	-\$150.50	\$0.00	\$601.98
12/16/13	JOHN SAMPLE	ACCOUNT # 00000 HEMONC BMT CC OUTPATIENT **10% prompt pay discount if paid by 1/22/14	\$368.50	-\$73.70	\$0.00	\$294.80
12/18/13	JOHN SAMPLE	ACCOUNT # 00000 HEMONC BMT CC OUTPATIENT **10% prompt pay discount if paid by 1/22/14	\$851.48	-\$170.30	\$0.00	\$681.18

**CONTINUED ON NEXT PAGE ---->**

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Froedtert.com

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NO INSURANCE ON FILE



SERVICE DATE	PATIENT	DESCRIPTION	CHARGES	SELF PAY DISCOUNT	PMTS & ADJS	BALANCE DUE
12/27/13	JOHN SAMPLE	ACCOUNT # 00000 LAB CC OUTPATIENT <small>**10% prompt pay discount if paid by 1/22/14</small>	\$3,707.58	-\$741.52	\$0.00	\$2,966.06
12/23/13	JOHN SAMPLE	ACCOUNT # 00000 LAB CC OUTPATIENT <small>**10% prompt pay discount if paid by 1/22/14</small>	\$318.98	-\$63.80	\$0.00	\$255.18

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