



OCONOMOWOC
 MEMORIAL HOSPITAL
 ProHealth Care
 791 Summit Avenue
 Oconomowoc, WI 53066 - 3896

OS 000001

John Doe
 123 Main Street
 Anytown, WI 00000

| IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW | | |
|---|------------------------|----------------|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| CARD NUMBER | | AMOUNT |
| SIGNATURE | | EXP DATE |
| DUE DATE | PLEASE PAY BALANCE DUE | ACCOUNT NUMBER |
| 01/31/00 | \$0.07 | 12345641234 |
| PATIENT NAME | | ADMIT DATE |
| Jane Doe | | 01/01/00 |

Oconomowoc Memorial Hospital
 PO Box 1654
 Waukesha WI 53187-1654

For online payment access www.oconomowocmemorial.org

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

January 1, 2000

Patient: Jane Doe
 Account: 12345641234
 Date of Service: 01/01/00

Balance Due: \$0.07
 Payment Due Date: 01/31/00

INVOICE

Thank you for selecting Oconomowoc Memorial Hospital for your health care services. The account balance listed above is your responsibility. Please send your check or credit card information in the enclosed envelope.

| | |
|--------------------------|------|
| Laboratory | 0.01 |
| Radiology Services/Scans | 0.01 |
| Pharmacy | 0.01 |
| Room/Nursing Charges | 0.01 |
| Surgical Services | 0.01 |
| Supplies | 0.01 |
| Therapy | 0.01 |

Total Charges: \$0.07

If you feel you will be unable to pay this **balance in full**, or need to make payment arrangements, please contact the Patient Business Services Department at (262) 569-0225, Monday through Friday, 7:30 am - 4:00 pm. ProHealth Care offers two different programs to assist our patients with their accounts: Community Care for low income patients and Prompt Pay discounts for uninsured patients.

If you have questions regarding the insurance benefits paid, please direct these to your insurance carrier or employer.