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MORAINE EMERGENCY PHYSICIANS PO BOX 8759 PHILADELPHIA, PA 19101-8759

միվեգ Մեգիյիլիվիկինը Մինիկիսինը <u>Մինդենին Մինի</u>ն

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131409-0711179003233-05 #BWNJFDB #00000MNI11606478# PAUL R DULBERG 4606 HAYDEN CT MCHENRY IL 60051-7918

STATEMENT OF ACCOUNT (1)

Statement Date: July 16, 2011

ACCOUNT NUMBER: MNI711179003233

Patient Name: PAUL R DULBERG

Tax ID #: 75-2896896 Account Balance: \$1,346,00 **Amount Pending**

Insurance: \$0.00 Amount Due From

Patient (Current): \$1,346.00

Amount Due From Patient (Past Due): \$0.00

Pay This Amount: \$1,346.00

PLEASE REMIT PAYMENT BY "PAYMENT DUE BY" DATE. THANK YOU. Please refer to coupon below for payment instructions.

Pay your bill securely online anytime at www.MyMedicalPayments.com

Date	#	Description	Charge	Paid By First Ins.	Paid By Other Ins.	Paid By Patient	Amount Adjusted	Due From Insurance	
06/28/11 06/28/11	1 2	99283-25 EMERG INJURY EVAL & MGMT-LVL 3 DX:880.03 DR. FORD/CENTEGRA HOSPITAL MCHENI 12004 WOUND REP 7.6-12.5CM SCALP ETC DX:880.03 DR. FORD/CENTEGRA HOSPITAL MCHENI THIS STATEMENT MAY NOT REFLECT ANY PAYMENTS SERVICE.	\$809,00 Y						\$597.00 \$809.00
mnor	ton	f Messages	\$1,346.00	\$0.00	\$0.00	\$0.00	\$0,00	\$0,00	\$1,346.00

ımportant wessages:

This statement is for the direct treatment and/or supervision of care you recently received from an Emergency Physician at Centegra Hospital McHenry. The fees for this private physician are billed separately from any hospital charges or other professional fees for which you may also be responsible. Therefore, should you receive a bill from the hospital or other physicians for charges in connection with this visit, it will not include the items listed on this statement.

"Payment Plans" Accepted Questions about this statement?/Llame de Lunes a Viernes? Call 1-800-355-2470 Monday through Friday 9:30AM - 4:00PM. Your automated system access code is 0230-711179003233, or you can send email to billing_questions@emcare.com.

91384-01-9426

◆◆ Please detach and return bottom portion with your remittance, ◆◆



PAUL R DULBERG 4606 HAYDEN CT MCHENRY IL 60051-7918

YOU MAY PAY THIS BILL WITH YOUR CREDIT CARD PLEASE SEE REVERSE SIDE.

Make Check/Money Order payable to:

MORAINE EMERGENCY PHYSICIANS PO BOX 8759 PHILADELPHIA, PA 19101-8759 հավեժում/ՄասմՈսհետենենուհենուհե

If your address has changed, check this box.
 and complete the reverse side of this form

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Statement Date: July 16, 2011

ACCOUNT NUMBER: MNI711179003233

Patient Name: PAUL R DULBERG

Payment Due By: 08/05/11 Amount Due: \$1,346.00

Amount Enclosed:

Go Green - pay online at www.MyMedicalPayments.com PROMPT PAY DISCOUNTED

BALANCE: \$807.60

Insurance information not on file

40% Discount Offer

In consideration of your uninsured status, we are willing to extend a 40% prompt pay discount.

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