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

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

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

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	PATIENT BALANCE
08/28/11	1	99283-25 EMERG INJURY EVAL & MGMT-LVL 3 DX:880.03 DR. FORD/CENTEGRA HOSPITAL MCHENRY	$537.00						$537.00
08/28/11	2	12004 WOUND REP 7.6-12.5CM SCALP,ETC DX:880.03 DR. FORD/CENTEGRA HOSPITAL MCHENRY	$809.00						$609.00
		THIS STATEMENT MAY NOT REFLECT ANY PAYMENTS YOU MADE AT TIME OF SERVICE							
		TOTALS:	$1,346.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,346.00

Important Messages:

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

STATEMENT OF ACCOUNT

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.

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

13140907111790032330013460000000000000006