Moraine Emergency Physicians

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.

131409-0711179003233-05 **#BWNJFDB** 

#00000MN111606478# PAUL R DULBERG 4606 HAYDEN CT MCHENRY IL 60051-7918

Date	#	Description	Charge	Paid By First Ins.	Pald By Other Ins.	Paid By Patient	Amount Adjusted	Due From Insurance	
06/28/1 <b>1</b> 06/28/1 <b>1</b>	1 2	99283-25 EMERG INJURY EVAL & MGMT-LVL 3 DX:880.03 DR. FORD/CENTEGRA HOSPITAL MCHENF 12004 WOUND REP 7.6-12 5CM SCALP ETC DX:880.03 DR. FORD/CENTEGRA HOSPITAL MCHENF THIS STATEMENT MAY NOT REFLECT ANY PAYMENTS SERVICE.	\$809.00 Y						\$537.0 \$809.0
mpo t	tan	t Messages:	\$1,346.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0,00	\$1,346.00

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 MCHE NRY IL 60051-7918

YOU MAY PAY THIS BILL WITH YOUR CREDIT CARD PLEAS E SEE REVERSE SIDE

Make Check/Money Order payable to:

MORAINE EMERGENCY PHYSICIANS **PO BOX 8759** PHILADELPHIA, PA 19101-8759 1 • ս/Մոհուսո/Մհուսո/Արժելուհյելի հիրոնդել հրակին

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

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.

1314 09071117900323300134600000000000006