



Guarantor Number: 25151
Guarantor Name: Jane Doe
Patient Name: Jane Doe
Statement Date: August 29, 2021

Account Summary

Previous Balance	\$5,450.00
New Charges	\$83.42
Your Insurance Paid	\$0.00
You Paid	\$0.00
Adjustments	\$-5.40
<hr/>	
Your total balance	\$5,528.02
Amount Due by	\$5,528.02
September 26, 2021	



Pay by Phone
 Call 800-803-8155
 Mon-Thu 8am-8pm
 Fri 8am-5pm, Sat 9am-1pm

- Payment plans
- Financial assistance
- Billing questions



Pay by Mail
 Complete the payment coupon below
 and return in the enclosed envelope.



Pay Online

Your Froedtert & MCW account is the easiest way to make payments, view statements and transactions, request itemized bills, schedule appointments, and more!
 Please visit us at my.froedtert.com

To make a payment without an account, use this info for guest pay at froedtert.com/guestpay.
 Guarantor Number: 25151 Guarantor Last Name: Doe

Keep this portion for your records.

Detach this portion and return with your payment.

Jane Doe Statement Date: 08/29/21

Froedtert Health
PO Box 734462
Chicago, IL 60673-4462

Please make checks payable to Froedtert Health.
 Payments will be applied to the oldest self-pay balance first. If you would like to make a payment on a specific account please visit us online or call us at 800-803-8155.

GUARANTOR# 25151	
CARDHOLDER NAME	
CARD #	EXP DATE
AMOUNT DUE \$5,528.02	DUE DATE September 26, 2021
AMOUNT \$	

Remit to:
Froedtert Health
PO Box 734462
Chicago, IL 60673-4462

Jane Doe
9200 ABBY ST
MILWAUKEE WI 53216

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Froedtert Health Charges

Froedtert West Bend Hospital Sleep Disorder				Account #2800000354 Date of Service 6/7/2021	
Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
	Balance Forward	\$5,450.00	\$0.00	\$0.00	\$5,450.00
Wisconsin Diagnostic Laboratories Kroft, Steven H, MD				Account #8000032245 Date of Service 7/26/2021	
Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
07/26/21	DEHYDROEPIANDROSTERONE-SULFATE Your Responsibility	\$71.42			\$71.42
Totals for Froedtert Health		\$5,521.42	\$0.00	\$0.00	\$5,521.42
Froedtert Health Balance Due					\$5,521.42

Medical College of Wisconsin Charges

Jackson Health Center Lab Order, First Name, MD				Account #8000032244 Date of Service 7/26/2021	
Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
07/26/21	COLLECTION VENOUS BLOOD, VENIPUNCTURE	\$12.00			
07/26/21	DISCOUNT (SELF-PAY, UNINSURED) Your Responsibility			-\$5.40	\$6.60
Totals for Medical College of Wisconsin		\$12.00	\$0.00	-\$5.40	\$6.60
Medical College of Wisconsin Balance Due					\$6.60

How do I get Financial Assistance? The Froedtert & the Medical College of Wisconsin Financial Assistance Program is designed to assist eligible patients with their financial obligations by providing full or partial discounts on their bills for emergency or medically necessary care. The Financial Assistance Policy, plain language summary and application are available through our website at froedtert.com/financial-services or by calling 414-805-5951. Applications are also available at each hospital's admissions desk or with the Financial Counselors located at each hospital. Request an application by mail at: Froedtert Health, Inc., Patient Financial Services, 400 Woodland Prime, N74W12592 Leatherwood Court, Menomonee Falls, WI 53051. These documents are also available in Spanish, Hmong, Russian, and Arabic.