

**IMPORTANT:  
ABOUT YOUR CLINIC ACCOUNT**

Thank you for choosing MercyOne for your health care needs. This is your clinic statement. Your MercyOne clinic is a department of Waterloo Medical Center. If you need financial assistance, you may be eligible for our Community Care Program. For more information please call 833-869-8582 or 319-272-1599. You can also visit [www.MercyOne.org/financialassistance](http://www.MercyOne.org/financialassistance) to find an application and documents about the Community Care Program. You may also pay online at [www.MercyOne.org/billing](http://www.MercyOne.org/billing).

**YOUR CLINIC STATEMENT  
AT A GLANCE**

GUARANTOR NAME John Quin Patient  
 STATEMENT DATE 9/19/2024  
 ACCOUNT NUMBER 171111111  
 PREVIOUS BALANCE \$0.00

**YOUR  
RESPONSIBILITY  
TO PAY**

**\$40.95**

**QUESTIONS  
833-869-8582**

Mon - Friday: 8:00am - 6:00pm CST  
 Your account number: 171111111

Below is the detail of your charges. Please review and let us know if you have any questions.  
 Payment options are listed on the back

**FOR PHYSICIAN'S SERVICES PROVIDED BY MERCYONE**

ACCOUNT NUMBER: 171111111

VISIT/ACTIVITY DATE	DESCRIPTION	AMOUNT CHARGED	PAYMENTS/ ADJUSTMENTS	YOUR RESPONSIBILITY
	<b>John Quin Patient</b> <span style="float: right;"><b>10000000</b></span>			
	Smith, Suzanne E, MD			
	PATIENT RESPONSIBLE			40.95
7/24/2024	Office/Outpatient Established Mod Mdm 30 Min	234.85		
	PATIENT RESPONSIBLE			40.95
7/24/2024	Complex e/m visit add on	66.00		
	Insurance Payment - Aetna		-13.17	
	Insurance Payment - Medicare IA		-51.63	
	Contractual Write-Off - Medicare IA		-143.58	
	Sequestration Adjustment (Insurance) - Medicare IA		-0.81	
	Contractual Write-Off - Medicare IA		-50.46	
	Sequestration Adjustment (Insurance) - Medicare IA		-0.25	
	PATIENT RESPONSIBLE			40.95
		<b>\$300.85</b>	<b>-\$259.90</b>	<b>\$40.95</b>
			<b>Please Pay ▶</b>	<b>\$40.95</b>

▲ KEEP THIS TOP PORTION FOR YOUR RECORDS ▲

▼ RETURN THIS PORTION WITH PAYMENT ▼

SEE REVERSE FOR IMPORTANT INFORMATION



MercyOne  
 Correspondence Address  
 PO Box 9800  
 Coral Springs FL 33075-9800

Bill To	Account Number	Due Date
John Quin Patient	171111111	Upon Receipt
<b>Your Responsibility</b>	<b>Minimum Due Now</b>	<b>Amount Enclosed</b>
<b>\$40.95</b>	<b>\$40.95</b>	

STATEMENT DATE  
 9/19/2024

Check here if your address or insurance information has changed. Please indicate changes on the back of this page.



FOR CREDIT CARD PAYMENTS, COMPLETE REVERSE ▶

MAKE CHECK OR MONEY ORDER PAYABLE AND REMIT TO:

MercyOne Dept# 20  
 PO BOX 7115  
 INDIANAPOLIS IN 46207-7115

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John Quin Patient T1 P1  
 2411 E Schrock Rd  
 Waterloo IA 50701

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