

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

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 MercyOne.org/financialassistance to find an application and documents about the Community Care Program. You may also pay online at www.MercyOne.org/billing.

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 NUMBE	R: 171111111
VISIT/ACTIVITY DATE	DESCRIPTION		AMOUNT CHARGED	PAYMENTS/ ADJUSTMENTS	YOUR RESPONSIBILITY
	John Quin Patient 10	0000000			
	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
			\$300.85	\$-259.90	\$40.95
Please Pay					\$40.95

▲ KEEP THIS TOP PORTION FOR YOUR RECORDS ▲

▼ RETURN THIS PORTION WITH PAYMENT ▼



MercyOne Correspondence Address PO Box 9800 Coral Springs FL 33075-9800 SEE REVERSE FOR IMPORTANT INFORMATION

Bill To	Account Number	Due Date	
John Quin Patient	17111111	Upon Receipt	
Your Responsibility	Minimum Due Now	Amount Enclosed	
\$40.95	\$40.95		

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



John Quin Patient 2411 E Schrock Rd Waterloo IA 50701

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Thank you for entrusting MercyOne with your care. We want to help answer any questions you may have about your bill. Below are some frequently asked questions.

What is MercyOne Medical Group?

MercyOne Medical Group is the name of our statewide physician network. The health care providers at your clinic are employed by MercyOne Medical Group-Northeast Iowa.

How can I pay my bill to MercyOne Medical Group?

MercyOne offers the following payment options:

You can make your payment on line at: www.MercyOne.org/billing. We also accept check or money order. Please make your check or money order payable to MercyOne, and include your account number on your check. Mail to: MercyOne, Payment Processing Center, PO Box 7115, Dept# 20, Indianapolis, IN 46207-7115. If you need to learn about payment plan options or our Community Care program please call 833-869-8582 or 319-272-1599.

*If paying cash please go to the facility where you received the services.

Credit card. We accept MasterCard, VISA or Discover cards.

When do I become responsible for my bill to MercyOne Medical Group?

You are legally responsible for your bill at the time you receive services from the Medical Group. We ask that all patient balances be paid once you have been notified of the balance.

Who can I talk to with questions about my bill to MercyOne Medical Group?

Billing representatives are available to help you with any questions or concerns you may have about your bill. Representatives are available Monday through Friday, 8a.m. to 6p.m. and can be contacted at (319) 272-1599 or (833) 869-8582.

How can I get a copy of my bill?

Please contact the Billing Office at (319) 272-1599 or (833) 869-8582 to request that a copy of your itemized bill be sent to you. If you are leaving a message please include the account number from your statement.

Medicare Patients: As of January 2002, Medicare patients seen by a MercyOne physician at our clinics are billed under Hospital-Based Physician status. This designation requires Medicare patients to be billed in two parts - a professional fee billed by MercyOne Medical Group-Northeast Iowa and a facility fee billed by Waterloo Medical Center. If you have questions, please call the number below if your last name begins with:

A-E 319-272-1562 O-R 319-272-1563 F-J 319-272-1932 S-U 319-272-1560 K-N 319-272-1934 V-Z 319-272-1569

CREDIT CARD PAYMENT						
CHECK CARD USING TO PAY	PATIENT'S RELATIONSHIP SELF TO INSURED CHILD	☐ SPOUSE ☐ OTHER	POLICYHOLDER'S NAME	BIRTH DATE		
MasterCard V/SA DISC VER	INSURANCE COMPANY NAME		POLICY#	GROUP#		
CREDIT CARD NUMBER:						
	INSURANCE COMPANY PHONE		EMPLOYER'S NAME	PHONE		
CREDIT CARD BILLING ADDRESS	INSURANCE COMPANY ADDRESS		EMPLOYER'S ADDRESS			
CITY STATE ZIP CODE	CITY	STATE ZIP CODE	CITY	STATE ZIP CODE		
SECURITY NUMBER PAYMENT AMOUNT EXP. DATE						
MMYY	MY INFORMATION HAS CHANGED TO					
CARDHOLDER SIGNATURE	NAME		CITY	STATE ZIP CODE		
	ADDRESS		PHONE			