

Hi Jane D This is your current bill.

Thank you for choosing Door County Medical Center. Prompt payment of this bill is greatly appreciated. Easily pay your bill and manage your account online. If you have saved a credit card/payment method on file please disregard this notice. If you do not have a card on file quickly and easily pay the amount due online or using our 24/7 automated phone line today!



Guarantor Name Jane D

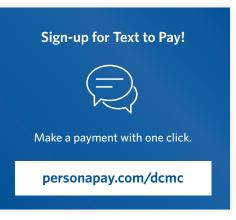
 Statement Date:
 03/14/2023

 Due Date:
 04/10/2023

 Guarantor Number:
 GN00000000

YOUR NEXT STEP

Payment Options Are Listed Below





Paperless Billing

Sign up for eStatements, Text2Pay and more!

personapay.com/dcmc



If you have any billing questions please call: 920.746.3502 or Toll Free WI only 800.522.8919. Monday through Friday, 8:00am to 4:30pm or by email to patientaccounting@dcmedical.org

Please detach and return bottom portion with payment



323 S 18TH AVE | STURGEON BAY WI | 54235-1401

PATIENT STATEMENT



Pay Online: personapay.com/dcmc Make Checks Payable to: Door County Medical Center

ADDRESSEE:

Jane Doe 123 Testing Dr Test WI 12345-1234 Statement Date: 03/14/2023

Guarantor Number: GN00000000

Due Date: 04/10/2023

Amount Due: \$123.07

Amount Paid:

323 SOUTH 18TH AVE STURGEON BAY WI 54235-1401 Door County Medical Center bills for physicians in Family Medicine, Internal Medicine, OB/GYN, Orthopedics, Emergency Medicine, Anesthesiologists, General Surgery and other specialties. If you have questions about your statement, please call 920-746-3502 (or toll-free in WI only 800-522-8919). You can visit our office at Door County Medical Center or by appointment at our main office located at the Cherry Point Mall Suite 140. Our office hours are Monday - Friday 8:00 AM to 4:30PM.

Financial Policy

Payment is due in full upon receipt of your first statement. If you are unable to pay in full, Door County Medical Center staff will work with you to establish an acceptable payment plan. Partial payments made toward your balance will not stop our collection process unless you have made prior payment arrangements with us. Please contact Customer Service at 920-746-3502 to assist you with your payment options.

Associated Expenses

In addition to this statement, you may receive bills from other physicians who have provided services to you. For instance, you may receive bills from radiologists, pathologists, surgeons, and other specialists not employed by Door County Medical Center. Please contact their offices directly if you have guestions concerning their bills.

Financial Assistance

At Door County Medical Center, we believe excellent medical care should be available to all individuals, regardless of their financial situation and offers financial assistance to those who qualify. If you have questions regarding Financial Assistance or would like to request an application contact our Customer Service Department at (920) 746-3502. To access our Financial Assistance information online visit https://www.dcmedical.org/billing-and-payments#payment-options.

Family Size	ANNUAL	100% FPL	120% FPL	135% FPL	150% FPL	185% FPL	200% FPL	250% FPL	300% FPL
1	\$14,580	\$1,215.00	\$1,458.00	\$1,640.25	\$1,822.50	\$2,247.75	\$2,430.00	\$3,037.50	\$3,645.00
2	\$19,720	\$1,643.33	\$1,972.00	\$2,218.50	\$2,465.00	\$3,040.17	\$3,286.67	\$4,108.33	\$4,930.00
3	\$24,860	\$2,071.67	\$2,486.00	\$2,796.75	\$3,107.50	\$3,832.58	\$4,143.33	\$5,179.17	\$6,215.00
4	\$30,000	\$2,500.00	\$3,000.00	\$3,375.00	\$3,750.00	\$4,625.00	\$5,000.00	\$6,250.00	\$7,500.00
FOR EACH ADDITIONAL PERSON, ADD									
	\$5,140	\$428.33	\$514.00	\$578.25	\$642.50	\$792.42	\$856.67	\$1,070.83	\$1,285.00

Change of Address		
Name (Last, First, Middle Initial)		
Address		
City	State	ZIP
Telephone	Home 🔲	Cell _
Email		

If Paying By Credit Card, Fill Out Below							
CHECK CARD US	SING FOR	PAYMEN	IT [☐ mosterco		VISA	DISCOVER AMERICAN EXPRESS
CARD NUMBER							EXP. DATE
PRINT NAME							AMOUNT PAID

Primary Insurance U	Primary Insurance Updates					
Primary Insured Name						
Primary Insurance Name			Effective Date			
Primary Insurance Street Address						
City	State	ZIP	Telephone			
Employer Name		G	roup Number			
Subscriber ID #		Po	olicyholder's Date of Birth			

Secondary Insurance Updates						
Secondary Insured Name						
Secondary Insurance Name Effective Date						
Secondary Insurance Street Ad	ldress					
City	State	ZIP	Telephone			
Employer Name		Grou	up Number			
Subscriber ID #		Polic	cyholder's Date of Birth			



personapay.com/dcmc | 920.746.3502

0

Guarantor Name:

Jane D GN0000000

Guarantor Number:

\$123.07

Amount Due: Due Date:

04/10/2023

YOUR TRANSACTION SUMMARY

Page: 2

Page:						
Date	Service Description	Charges	Payments/ Adjustments	Insurance Balance	Patient Balan	
	PATIENT: Jane Doe					
	Encounter #: H000000000					
2/6/23		\$3,712.00				
2/6/23	CT Scan, 035x Pharmacy (Extended), 063x	\$198.00				
3/10/23 3/10/23	UHC MEDICARE Pay		-\$1,167.23			
3/10/23	UHC MEDICARE Adj		-\$2,619.70			
	Totals	\$3,910.00	-\$3,786.93	\$0.00	\$123.	