Door County Medical Center

IN PARTNERSHIP WITH HOSPITAL SISTERS HEALTH SYSTEM

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

DRC-1000

AMOUNT DUE

$123.07

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

Sign-up for Text to Pay!

Make a payment with one click.

personapay.com/dcmc

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

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PATIENT STATEMENT

Statement Date:	03/14/2023
Guarantor Number:	GN00000000
Due Date:	04/10/2023
Amount Due:	$123.07
Amount Paid:	$__________

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

ADDRESSEE:

Jane Doe
123 Testing Dr
Test WI 12345-1234

DOOR COUNTY MEDICAL CENTER
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 questions 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 USING FOR PAYMENT ☐ mastercard ☐ VISA ☐ DISCOVER ☐ AMERICAN EXPRESS

CARD NUMBER

EXP. DATE M M Y Y

SIGNATURE

CVV CODE

PRINT NAME

AMOUNT PAID

Primary Insurance Updates

Primary Insured Name

Primary Insurance Name Effective Date

Primary Insurance Street Address

City State ZIP Telephone

Employer Name Group Number

Subscriber ID # Policyholder's Date of Birth

Secondary Insurance Updates

Secondary Insured Name

Secondary Insurance Name Effective Date

Secondary Insurance Street Address

City State ZIP Telephone

Employer Name Group Number

Subscriber ID # Policyholder's Date of Birth

Door County Medical Center
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personapay.com/dcmc | 920.746.3502

YOUR TRANSACTION SUMMARY

Guarantor Name:	Jane D
Guarantor Number:	GN00000000
Amount Due:	$123.07
Due Date:	04/10/2023
Page:	**2**

Date	Service Description	Charges	Payments/ Adjustments	Insurance Balance	Patient Balance
	PATIENT: Jane Doe				
	Encounter #: H0000000000				
2/6/23	CT Scan, 035x	$3,712.00			
2/6/23	Pharmacy (Extended), 063x	$198.00			
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**	**$123.07**