


How To Read Your Bill

- 1 Account Name**
Look here to see the name of the person financially responsible for this account.
- 2 Bill Date**
Here's where you'll find the date Aurora created this billing statement.
- 3 Due Date**
"Upon Receipt"- means your bill is due as soon as you receive it.
- 4 Description**
Here's where you can find an overview of your service(s), including date of the service, the number associated with the visit, your name, and the name of your doctor.
- 5 Charges**
Look here to see the amount(s) billed directly to you or your insurance company.
- 6 Payments/Adjustments**
"Payments" refers to the amount you or your insurance company has already paid toward your bill. This amount gets subtracted from what you owe.

"Adjustments" refers to the amount we've been able to negotiate with your insurance company on your behalf. Any further savings we can negotiate will show up here. The amount listed in this column is subtracted from your overall charges.
- 7 Insurance Pending**
This is the amount your insurance company is expected to pay.
- 8 Patient Balance**
If you only have one service date, your Patient Balance will be the same as the amount shown in the Pay This Amount section. This number indicates the total amount you owe Aurora.

If you've had multiple service dates, add up the numbers in the Patient Balance section. The total amount will be listed in the Pay This Amount section.







PO Box 091700
Milwaukee, WI 53209-8700

If you have a question on your statement, please call:
Toll Free 800-326-2250 Mon - Fri, 8:30 am - 5:00 pm
Our email address is: customerservice@aurora.org
En Español por favor llamar al 866-629-6033

Addressee

ANDY ANDERSON
1234 S MILWAUKEE ST
MILWAUKEE WI 55555-5555

If paying by credit card, fill out below

Check credit card using for payment    

Card Number: _____

Signature: _____ Exp. Date: _____

Print Name: _____

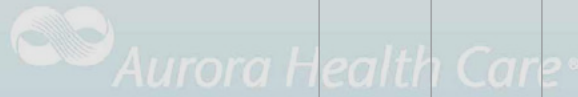
Bill Date 4/19/2015	Account Number 0000000	Pay This Amount \$20.22	Amount Paid
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You can pay your bill online at my.aurorahealthcare.org

Please make checks payable and remit to:

Account Number	Account Name	Bill Date	Due Date
0000000	ANDY ANDERSON	4/19/2015	Upon Receipt

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE PENDING	PATIENT BALANCE
Date of Service 4/18/2015 - Visit #123767953 - A. Anderson <i>Professional/Clinic Services - Scott J Smith, MD</i>					
4/18/14	VEN PUN FNGR, HEEL, EAR	\$33.00		\$0.00	
4/18/14	PPG 2 HR W/GLUCOSE DRINK	\$45.00		\$0.00	
4/18/14	AUTO HEMOGRAM PLATE/D FF	\$65.00		\$0.00	
5/09/14	INSURANCE ADJUSTMENT - ANTHEM/BCBS		\$122.78		
5/09/14	INSURANCE PAYMENT - ANTHEM/BCBS		\$0.00		
	PROFESSIONAL/CLINIC SERVICES BALANCE			\$0.00	\$20.22



If you are experiencing financial hardship or are looking for help in determining if you qualify for any Aurora Health Care financial assistance programs, please contact 1-800-326-2250. Program eligibility is based on income and family size. You may be asked to complete an application and supply additional documents to determine which program best suits your needs.


Message:
Thank you for choosing Aurora Health Care.
The full balance is due upon receipt. We appreciate your prompt payment.

Please Pay This Amount

\$20.22

How To Read a Bill with a Payment Plan





- 1 Patient Balance**
 This is the amount that's been added to your payment plan from your most recent visit(s).
- 2 Visits on a Payment Plan**
 Here's where you can see a list of all the visits associated with this payment plan. If you need more detailed info about these visits, call our Patient Contact Center at (800) 326-2250.
- 3 Summary of Payment Plans**
 Look here for details about your payment plan, including the total amount you owe on this account (your "remaining balance") and the number of payments left to pay your balance in full (your "payments remaining").
- 4 Please Pay This Amount**
 This is your total amount due this month.



PO Box 091700
Milwaukee, WI 53209-8700

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Toll Free 800-326-2250 Mon - Fri, 8:30 am - 5:00 pm
Our email address is: customerservice@aurora.org
En Espanol por favor llamar al 866-629-6033

If paying by credit card, fill out below

Check credit card using for payment    

Card Number: _____ Exp. Date: _____

Signature: _____ Print Name: _____

Bill Date	Account Number	Pay This Amount	Amount Paid
5/10/2015	0000000	\$150.00	

You can pay your bill online at my.aurorahealthcare.org

Please make checks payable and remit to:

Addressee

ANDY ANDERSON
1234 S MILWAUKEE ST
M LWAUKEE WI 55555-5555

Account Number	Account Name	Bill Date	Due Date
0000000	ANDY ANDERSON	4/19/2015	Upon Receipt

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE PENDING	PATIENT BALANCE
Date of Service 4/18/2015 - Visit #123767953 - A. Anderson <i>Professional/Clinic Services - Scott J Smith, MD</i>					
4/18/14	VEN PUN FNGR, HEEL, EAR	\$33.00		\$0.00	1 \$20.22
4/18/14	PPG 2 HR W/GLUCOSE DRINK	\$45.00		\$0.00	
4/18/14	AUTO HEMOGRAM PLATE/D FF	\$65.00		\$0.00	
5/09/14	INSURANCE ADJUSTMENT - ANTHEM/BCBS		\$122.78		
5/09/14	INSURANCE PAYMENT - ANTHEM/BCBS		\$50.00		
	PROFESSIONAL/CLINIC SERVICES BALANCE			\$0.00	
Visits on a Payment Plan					
11/29/14	Visit # 120337817 - A Anderson				2 \$100.00
12/06/14	Visit # 120497850 - A Anderson				
12/06/14	Visit # 120615267 - A Anderson				
01/03/15	Visit # 121219020 - A Anderson				
01/31/15	Visit # 121858657 - A Anderson				
04/18/15	Visit # 123767953 - A Anderson				

Aurora Health Care®

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Message:

Please review your statement details carefully. You currently have a payment plan with Aurora. If you see new charges summarized on this statement that are not included in the payment plan summary section or you are past due on your payment plan, you need to contact us immediately. If these matters are not resolved it may result in referral of your account, or part of your account, to an outside collection agency. Please call us at 800-326-2250 to resolve.

3 Summary of Payment Plans

Amount Due	\$150.00
# of Payments Remaining	10
Beginning Amount	\$906.67
Remaining Balance	\$875.80

Please Pay This Amount

\$150.00

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