

# UNDERSTANDING YOUR STATEMENT

## How to read your medical bill

- 1 Statement Type
- 2 Addressee
- 3 Account Number
- 4 Responsible Party
- 5 Invoice Number
- 6 Statement Date  
*Date bill was issued*
- 7 Due Date  
*Date payment is due*
- 8 Date of Service
- 9 Detail of Service
- 10 Charges
- 11 Payments/Adjustments  
*Patient payments and insurance payments/adjustments*
- 12 Insurance Pending
- 13 Payment Plan Information
- 14 Patient Balance  
*Balance due for each patient*
- 15 Amount Due
- 16 Area to fill out for credit card payment

### DuPage Medical Group

**WE CARE FOR YOU**

15921 Collections Center Drive | Chicago, IL 60693-0159

**1 Statement of Physician Services**

**For Billing Inquiries:** (630) 942-7998  
Hours: Monday - Friday, 8:00 am - 5:00 pm

Please check if you have written on the back

**2** **ADDRESSEE**

JOHN M SMITH  
1234 MAIN STREET  
CHICAGO IL 48706

Pay Your Bill Online: [www.dupagemedicalgroup.com](http://www.dupagemedicalgroup.com)

Account Number	Invoice Number	Due Date	Amount Due
1234567	123456789	04/13/2013	\$238.35

Payment type: (pick only one)  Check  Credit Card (See Reverse)

**PLEASE MAKE CHECKS PAYABLE AND REMIT TO:**

**DUPAGE MEDICAL GROUP**  
15921 Collections Center Drive  
Chicago, IL 60693-0159

0123456789 000000001234567 00084201 3

Use myEasyMatch Code: P-XNSZB-58518-BGSJPH to pay your bill online Return top portion with payment.

Account Number	Responsible Party	Invoice Number	Statement Date	Due Date
1234567	JOHN M SMITH	123456789	03/23/2013	04/13/2013

8 Date	9 Description	10 Charges	11 Payments/Adjustments	12 Insurance Pending	14 Patient Balance
<b>13 Payment Plan Information</b>					
Payment Plan TOTAL:		\$ 700.00	\$212.00	\$0.00	\$ 488.00
<b>Charges Not on Payment Plan - Please call to have the following balances added to your payment plan</b>					
<b>PATIENT: SALLY E SMITH</b>					
<b>Date of Service 09/10/2012 - Visit # 1 - Claim ID 172600000</b>					
09/10/2012	OFFICE/OUTPATIENT VISIT, EST	\$43.00	\$0.00		<b>14 \$31.01</b>
09/24/2012	LOCKBOX - INSURANCE PAYMENT (T)		\$0.00		
02/04/2013	LOCKBOX - INSURANCE PAYMENT (P)		\$0.00		
02/04/2013	CONTRACTUAL ADJUSTMENT-INS		\$11.99		
<b>Patient Balance</b>					
<b>PATIENT: BOBBY M SMITH</b>					
<b>Date of Service 02/05/2013 - Visit # 10</b>					
02/05/2013	OFFICE/OUTPATIENT VISIT, EST	\$152.00			<b>\$150.00</b>
02/05/2013	CULTURE SPECIMEN, BACTERIA	\$44.00			
02/20/2013	SELF PAY ADJUSTMENT		\$23.00		
02/20/2013	SELF PAY ADJUSTMENT		\$23.00		
<b>Patient Balance</b>					
<b>Total Statement Balance:</b>		<b>\$842.01</b>			
<b>Minimum Amount Due:</b>		<b>\$238.35</b>			
Insurance Denial Codes: (P) Copayment (T) No newborn coverage					

**STATEMENT SUMMARY**

Payment Plan Amount Due.....\$57.34  
Non Payment Plan Amount Due.....\$181.01  
**Pay This Amount by 04/13/13.....\$238.35**

**PAY THIS AMOUNT 15 \$238.35**

At DuPage Medical Group, we believe no aspect of your experience should be complicated, especially your bill. Which is why we've designed our billing statement based on patient feedback to ensure they are easy to read and understand.

*Please contact our Customer Service Department with any questions at 630-942-7998.*

**16** If Paying By Credit Card, Fill Out Below

Account # Payment # Exp. Date

MM/YY

Card #

Exp. Date

City State ZIP Telephone

Primary Insurance Updates

Primary Insured Name

Primary Insurance Name

Primary Insurance Address

City State ZIP Telephone

Employer Name

Employer Address

Subscriber ID #

Do We Have Your Insurance Information?

Change of address

Primary Insurance Updates

Secondary Insurance Updates

General Information

Financial Policy

Insurance Claims

Bill Payment

Customer Service

**DuPage Medical Group**

WE CARE FOR YOU

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WE CARE FOR YOU

To schedule your next appointment, please call 1.888.MY.DMG.DR (1.888.693.6437).