



WS 000001

John Doe  
123 Main Street  
Anytown, WI 00000

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
CARD NUMBER		AMOUNT
SIGNATURE		EXP. DATE
DUE DATE	PLEASE PAY BALANCE DUE	ACCOUNT NUMBER
01/31/00	\$0.07	12345631234
PATIENT NAME		ADMIT DATE
Jane Doe		01/01/00

Waukesha Memorial Hospital  
PO Box 1601  
Waukesha WI 53187-1601

*For online payment access [www.waukeshamemorial.org](http://www.waukeshamemorial.org)*

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

January 1, 2000

Patient: Jane Doe  
Account: 12345631234  
Date of Service: 01/01/00

**Balance Due: \$0.07**  
Payment Due Date: 01/31/00

**INVOICE**

Thank you for selecting Waukesha Memorial Hospital for your health care services. The account balance listed above is your responsibility. Please send your check or credit card information in the enclosed envelope.

Laboratory	0.01
Radiology Services/Scans	0.01
Pharmacy	0.01
Room/Nursing Charges	0.01
Surgical Services	0.01
Supplies	0.01
Therapy	0.01

Total Charges: \$0.07

If you feel you will be unable to pay this **balance in full**, or need to make payment arrangements, please contact the Patient Business Services Department at (262) 928-2311, Monday through Friday, 7:30 am - 4:00 pm. ProHealth Care offers two different programs to assist our patients with their accounts: Community Care for low income patients and Prompt Pay discounts for uninsured patients.

If you have questions regarding the insurance benefits paid, please direct these to your insurance carrier or employer.