

MARSHFIELD CLINIC HEALTH SYSTEM
1000 N OAK AVE
MARSHFIELD, WI 54449

Patient:
Account number:
Printed on:

HANNAH ZZZCERNERTEST
6013343
Aug 7, 2024

HANNAH ZZZCERNERTEST
1000 N OAK AVE
MARSHFIELD, WI 54449

Your total is \$15.00

You have one bill that is ready to pay. The total amount is due by **Aug 22, 2024**.

See back for details →

Total billed	\$86.10
Insurance adjusted	-\$30.00
Insurance paid	-\$41.10
Medicare B	-\$14.00
Anthem BCBS of WI No Contract	-\$27.10
Total due	\$15.00

 DETACH AREA BELOW AND SEND WITH PAYMENT

Ways to Pay

Online

Pay via desktop or mobile:
**marshfield-
uat.enclave.cedarinternal.co
m**


Phone

To pay by phone, call toll-free
24/7:
(800) 123-4567

Mail

Mail check or money order
with this part of the bill to the
address on the reverse side.
Do not send cash.

Need Help?

 Call our team toll-free
(Mon to Fri 7:30AM to 5PM CDT)
(800) 782-8581

Your visit with Rebecca Downs MD

Due date: Aug 22, 2024

Date of service: Jul 9, 2024 | ID: 14503043-1

Service category	Billed
Office/Other Outpatient Services	\$86.10
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Subtotal billed	\$86.10
Insurance adjusted	- \$30.00
Insurance paid	- \$41.10
Amount due (subtotal)	\$15.00

Your bill summary



Total billed	\$86.10
Insurance adjusted The discounted amount applied by your insurance.	-\$30.00
Insurance paid The benefit amount your insurance has paid based on your plan.	-\$41.10
Total due	\$15.00



DETACH AREA BELOW AND SEND WITH PAYMENT

Mail this slip with check

Account Holder: HANNAH ZZZCERNERTEST
Account Number: 6013343
Bill Amount: \$15.00

MAKE CHECK PAYABLE & MAIL TO:

Marshfield Clinic Health System
1000 N Oak Ave
Marshfield, WI 54449

