

your statement



DuPage Medical Group

WE CARE FOR YOU

1100 West 31st St., Suite 400, Downers Grove IL 60515

C Billing Inquiries? Call (630) 942-7998
Monday - Friday
8:00am - 4:30pm

JANE SMITH
123 MAIN STREET
CITY, IL 60000

D PAY THIS AMOUNT

A GUARANTOR: JANE SMITH	B INVOICE # 601315264
MAKE CHECK PAYABLE TO: DUPAGE MEDICAL GROUP	
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
CREDIT CARD # _____	CVV _____
SIGNATURE: _____	EXP DATE: _____
E \$147.78	F STATEMENT DATE 05/05/10 DUE DATE 05/26/10 AMOUNT PAID \$

1

MAIL PAYMENT TO:

DUPAGE MEDICAL GROUP
1860 PAYSHERE CIRCLE
CHICAGO, IL 60674

60131526400003460705052010000147788

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT

Statement of Physician Services

(AS OF MAY 5, 2010)

ACCOUNT NUMBER: 00000
GUARANTOR: JANE SMITH

PAGE 1

G VISIT NUMBER: 24 DMG CLAIM ID: 123456789	2	PAYMENT ACTIVITY	3
PATIENT NAME: JANE SMITH CHARGES		I 03/23/10 TOTAL CHARGES \$130.00	
H PROVIDER: JOHN DOE (GEC DOWNERS GROVE) INTERNAL MEDICINE		J 03/23/10 INSURANCE CLAIM FILED	
		K 04/08/10 INSURANCE PAYMENT..... 0.00 (A,B)	
03/23/10 99213-OFFICE/OUTPATIENT VISIT, EST..... \$130.00		L 04/08/10 CONTRACTUAL ADJUSTMENT-INS..... -22.22	
TOTAL: \$130.00		L AMOUNT DUE..... \$107.78	

YOU HAVE ESTABLISHED A PAYMENT PLAN OF \$40.00 PER MONTH THAT INCLUDES THE INVOICES SHOWN IN THIS BOX. THE AMOUNT DUE ON THIS STATEMENT REFLECTS YOUR MONTHLY PAYMENT PLAN AMOUNT PLUS ALL AMOUNTS DUE OUTSIDE OF THIS PAYMENT PLAN.

4 VISIT NUMBER	M DATE OF SERVICE	PROVIDER	N TOTAL CHARGES	O INSURANCE PMT/ADJUST	P PATIENT PAYMENTS	Q PMT PLAN BALANCE
22	02/23/10	JOHN DOE	\$130.00	\$22.22	\$0.00	\$107.78
23	02/23/10	JOHN DOE	\$64.00	\$47.93	\$0.00	\$16.07
TOTAL:			\$194.00	\$70.15	\$0.00	\$123.85

THE PAYMENT PLAN AMOUNT REFLECTS THE AGREED MONTHLY PAYMENT. PAYMENT PLAN PAYMENTS MADE AFTER THE DUE DATE OR MISSED THE PREVIOUS MONTH WILL NOT BE REFLECTED IN THIS AMOUNT. IF YOU'VE MISSED A PAYMENT, PLEASE CALL CUSTOMER SERVICE AT THE NUMBER ABOVE TO MAKE ARRANGEMENTS TO BECOME CURRENT ON YOUR PAYMENT PLAN.

THIS BALANCE IS YOUR RESPONSIBILITY. THANK YOU FOR YOUR PROMPT PAYMENT.

R ACCOUNT BALANCE	S AMOUNT PENDING WITH INSURANCE	T AMOUNT DUE BY 05/26/10	5
\$231.63	\$0.00	\$147.78	

ACCOUNT NUMBER: 00000 05/05/2010



- 1 **payment coupon**
 - A **Guarantor** Name of responsible party
 - B **Invoice number** Assigned to statement
 - C **Billing inquiries** Phone number and hours of our customer service department
 - D **Pay this amount** Due for this billing statement
 - E **Statement date** Statement generation date
 - F **Due date** Date payment is expected
- 2 **summary of account activity**
 - G **Visit id and DMG claim id** Numbers associated with your visit and DMG claim
 - H **Provider name and date of service**
- 3 **payment activity**
 - I Total charges
 - J Date claim filed
 - K Insurance payment and adjustment
 - L Amount due for visit
- 4 **payment plan activity**
 - M Date(s) of service under payment plan
 - N Total charges for date(s) of service
 - O Insurance payments and adjustments
 - P Patient payment(s) on payment plan
 - Q Payment plan balance
- 5 **summary of charges**
 - R Total account balance
 - S Amount pending with insurance
 - T Amount due for this statement



frequently asked questions

- Q** *Which method can I use to pay my bill (check, cash, credit card)?*
- A** DuPage Medical Group accepts payments made by cash, check, money order or credit card. We accept the following credit cards:
- Visa
 - Mastercard
 - American Express
 - Discover
- Payments may be made:*
- By mail: Use the return envelope that came with your billing statement to make a payment by check, money order or credit card.
 - In person: You can make a payment in your physician's office.
 - By phone: Credit card payments can be made by calling Customer Service at 630 942 7998.
- Q** *How can I help ensure proper posting of my statement payment?*
- A** Include your account number and invoice number on your payment, including those made electronically through your bank.
- Q** *When is payment of my billing statement expected?*
- A** With the exception of co-payment amounts, which are due at the time of service, we expect payment in full by the due date shown on the front of your statement.
- Q** *How will I know if I have a co-payment?*
- A** When your health plan shares this benefit level detail with us, we will ask for your co-payment at the time of service. Co-payments for office visits, primary care and specialty, generally appear on the front of your insurance card.
- Q** *Can I be billed for my co-payment?*
- A** When known, co-payments are due at the time of your visit and collected during the check-in process. This includes visits in your physician's office and physical and occupational therapy.
- Q** *How can I reconcile my insurance company's Explanation of Benefits (EOB) with my billing statement?*
- A** A breakdown of your insurance company's processing and payment of your claim appear with each visit in the Payment Activity section. The insurance company's reason codes related to their payment are shown to the right of the insurance payment amount. Descriptions of the reason codes appear under the Amount Due.
- Q** *What if I disagree with my insurance company's processing of my claim?*
- A** We encourage you to contact your insurance company anytime you have a question as to how your claim was processed, the patient liability shown, or any benefit exclusions (non-covered services). Providing them with the date of service and our DMG Claim ID will aid them in locating your claim. If your insurance company indicates additional information is needed from us, please contact our Customer Service Department at 630 942 7998 and one of our representatives will work with your physician's office to obtain the information requested.
- Q** *How will I know how much my monthly payment plan payment is, the outstanding balance and when it's been paid in full?*
- A** The amount due each month for your payment plan is shown in the first line of the payment plan box. The outstanding dates of service included in your plan will appear each month until the service is paid for. Your payments made against those dates of service will also appear. The payment plan box will drop off your billing statement once the plan's balance is paid in full.