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Non-sufficient Funds (NSF)

There may be a charge for checks returned to us for non-sufficient funds.

If You Dispute This Balance

You must contact us via our customer service line regarding any communication concerning balance disputes. Failure to discuss and reach agreeable terms may result in patient responsibility of the remaining amount due.

Payment in Full for Disputed Balance

Any communication which includes payments tendered as full payment on your disputed account must be mailed for review to: Mayo Clinic, 200 First St SW, Rochester, MN 55905 Attn. ROWE01800K

Mayo Clinic in Minnesota

We welcome any questions you may have about your account and invite you to contact us by phone, letter, or Patient Online Services secure messaging. We will make every attempt to answer your questions. If you feel that your concerns have not been addressed, please contact Mayo Clinic Patient Account Services first at 1-844-217-9591 and allow us the opportunity to try and address your concerns. If you continue to have concerns that have not been addressed, you may contact the Minnesota Attorney General's Office by phone at 651-296-3353 or 1-800-657-3787, by email at hospital.billing@ag.state.mn.us, or online at www.ag.state.mn.us/contact. You have the right to hire your own attorney to represent you in this matter.

Payment Plans or Financial Assistance

Payment plans are available if you do not have the ability to pay your bill in full. Mayo Clinic offers financial assistance to individuals who are unable to pay medical treatment costs. For more information, you may call Mayo Clinic at 1-844-217-9591 or visit Mayo Clinic's website at www.mayoclinic.org/financialassistance to learn more about Mayo Clinic's Financial Assistance Policy, the Financial Assistance Policy application process, and whether you qualify for discounted or free medical care.

Billing Inquiries

Please review this statement carefully. We welcome any questions you may have about your account and invite you to contact us through our secure Patient Online Services portal at www.mayoclinic.org, or by phone or letter.

When you provide a check as payment, you authorize us to use information from your check to make a one-time electronic fund transfer from your account.

► CREDIT/DEBIT CARD PAYMENT

Card type: Debit Credit
 VISA MasterCard
 Discover American Express

Card Account Number

Name as Printed on Card

Amount Expiration Date

Card Holder Signature

► ADDRESS/PHONE CHANGE

Name (First, Middle, Last)

Street Address

Address (continued)

City, State, ZIP Code

Phone