



4500 San Pablo Road
Jacksonville, FL 32224-1865



Pay Your Bill Online

Go to quickbillpay.mayoclinic.org
Enter your last name and Guarantor ID

Check box if your address has changed and update on back.

Guarantor ID	Due Date	Amount Due	Amount Paid
28758	02/09/18	\$115.00	\$

Addressee

Test Patient
123 Mayo St
LA CROSSE WI 54601

Please make checks payable and remit to:

MAYO CLINIC
PO BOX 790339
ST. LOUIS, MO 63179-0339

000000028758402091800000115000

See reverse side of statement for financial assistance information.

Detach and return top portion with payment.

Account Summary

Additional account details begin on page 2.

Previous Account Balance	\$0.00
New Services	\$195.00
Amount Paid by Insurance	\$-80.00
Amount Paid by You	\$0.00
Other Adjustments	\$0.00
Total Account Balance	\$115.00
Insurance Pending Balance	\$0.00

Account Information

Guarantor ID: 28758

Statement Date: 01/12/18
Mayo Clinic Number: 11-217-204

**Thank you for visiting Mayo Clinic.
We look forward to serving you in the future.**

Current Amount Due	\$115.00	Please pay the current amount due in full. You can make this payment through Patient Online Services (mayoclinic.org/onlineservices) or by calling 844-217-9591.
Due Date	02/09/18	

Contact Us

Please call **844-217-9591** to pay your bill or to ask questions about your statement.
Monday through Friday 8 a.m. to 5 p.m.

Patient Online Services

Go online to pay your bill, sign up for paperless billing, securely message your health care team, view your medical records and more.


Need to set up an account?

- Go to www.mayoclinic.org/onlineservices
- Click on "Create your account"
- Complete the online form
- Use your Mayo Clinic Number: 11-217-204
- Use this activation code:
3764N-F6PVD-ZXQ9D by 02/09/18

Download the Mayo Clinic App for your mobile devices.
More information at www.mayoclinic.org/apps/mayo-clinic



Statement Date	Account Name	Guarantor ID	Due Date	Amount Due
01/12/18	Test Patient	28758	02/09/18	\$115.00

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Clinic/Professional Services

Patient: PATIENT,TEST Account #: 1000153389		Provider: James P Mannion, M.D. Place of Service: MCHS WI La Crosse Campus Clinic		
Date of Service	Description	Charges	Payments/ Adjustments	Patient Balance
01/12/18	OFFICE OUTPATIENT VISIT LEVEL 3 MEDICARE Payments and Adjustments Patient Balance	\$117.00	-\$45.00	\$72.00

Hospital Services

Patient: PATIENT,TEST Account #: 1000152852		<i>*Clinical Services</i> Place of Service: MCHS Franciscan Medical Center		
Date of Service	Description	Charges	Payments/ Adjustments	Patient Balance
01/12/18	OFFICE OUTPATIENT VISIT LEVEL 3 - FACILITY MEDICARE Payments and Adjustments Patient Balance	\$78.00	-\$35.00	\$43.00