

Keys to understanding your Dean Clinic statement

Numbered areas point out where important information can be found on our newly formatted statement.

- 1 Area to fill out when paying with a credit card
- 2 Date payment is due
- 3 Patient account number
- 4 Amount due from patient
- 5 Responsible party name and address
- 6 Date of service
- 7 Patient who received services
- 8 Description of services and account activities
- 9 The balance due from your insurance company
- 10 Payments/adjustments received
- 11 Back of statement; please make any address or insurance changes here
- 12 Additional contact information and general information about your statement

Dean CLINIC
Dean Health System
1808 W. Belvidere Highway
Madison, WI 53713

IF PAYING BY CREDIT CARD, FILL OUT BELOW
Pay Online: www.deancare.com/billpay
Card Number: _____ Exp. Date: _____
Signature: _____
Invoice Number: N/A Account Number: 100128082 Pay This Amount: \$328.00
Statement Date: 08/17/2010 Due Date: 09/01/2010
PLEASE MAKE CHECKS PAYABLE AND REMIT TO:
DEAN HEALTH SYSTEM
PO BOX 2945
MILWAUKEE WI 53201-2945

JANE DOE
1234 MAIN STREET
MADISON, WI 53711-1234

ACCOUNT NUMBER	ACCOUNT NAME	STATEMENT DATE	AMOUNT DUE
100000000	JANE DOE	08/17/2010	\$328.00

Date	Patient	Description	Charges	Insurance Pending	Payments/Adjustments	Patient Due
01/25/2010	JANE DOE	EST PATIENT OFFICE VISIT, LEVEL IV 60214 seen by: ALAN I SCHWARTZSTEIN Due from Patient	\$251.00			\$15.00
03/04/2010		INSURANCE PAYMENT (1035)-WPS			\$0.00	
03/19/2010		INSURANCE PAYMENT (1036)-WPS			\$135.93	
03/19/2010		FEE AGREEMENT REDUCTION -WPS			\$100.07	
01/25/2010	JANE DOE	X-RAY EXAM OF ANKLE 3+ VW 73610 seen by: MI 9C Due from Patient	\$163.00			\$163.00
03/24/2010		INSURANCE PAYMENT (1035)-WPS			\$0.00	
06/08/2010	JANE DOE	ERG SKIN BENG 2 1-3CM THINK/ARM/LEG 11403 seen by: RONALD REBERSKY Due from Patient	\$797.00			\$150.00
06/21/2010		INSURANCE PAYMENT (1035)-WPS			\$172.21	
06/21/2010		FEE AGREEMENT REDUCTION -WPS			\$474.79	

PLEASE PAY THIS AMOUNT
\$328.00

Thank you for using Dean Health System. For your convenience you can pay your statement online at www.deancare.com/billpay.
Any payments or charges applied after the billing date will appear on your next statement.

Insurance Pending Total: \$0.00

VISIT US AT OUR WEBSITE — DEANCARE.COM

Questions about your statement

Our Patient Account staff will assist you with any questions concerning your Dean Clinic statement. Please contact a Patient Account representative at **(608) 250-1593** or **(877) 434-3326**. Representatives are available from 8:00 AM to 5:30 PM, **Monday through Friday**.

Please refer to the back of the statement for important information and phone numbers.

ADDRESS CHANGE
If you have moved, please call us at (608) 250-1593 or (877) 434-3326 to update your address.
New Address: _____
City: _____ State: _____ Zip: _____
Old Address: _____
City: _____ State: _____ Zip: _____

INSURANCE UPDATE
If you have changed your insurance, please call us at (608) 250-1593 or (877) 434-3326 to update your insurance information.
Insurance Company: _____
Policy Number: _____
Effective Date: _____

PATIENT ACCOUNTS
For questions about your account, call (608) 250-1593 or (877) 434-3326.
Write correspondence to: Dean Health System, 1808 W. Belvidere Highway, Madison, WI 53713-1808.

OTHER IMPORTANT TELEPHONE NUMBERS
24-hour Dean Health Call Center: (608) 250-1593 / (800) 434-3326 / (800) 434-4773
For questions regarding your Dean Health Plan / Insurance (EMV) benefits: (608) 250-1593 / (800) 434-3326
If always reporting on this statement on the basis of a work injury, please call our workers' compensation department at (608) 250-1593.

EXPLANATION OF STATEMENT
The amount listed on this statement does not appear on a statement from any hospital.
The amount listed on your statement should be compared with the information sent to you by your insurance company.
Note: This may be the physician who treated you, the physician who is supervising your treatment plan, or who treat a test that was performed.
Insurance Pending: This balance has been billed to your insurance company. Unpaid insurance balances become patient balances due. A non-payment indicated in the Patient/Adjustments column may indicate a service applied to your deductible or co-insured by your insurance company. If you have questions about unpaid balances, please contact your insurance company.
Billed to Insurance Company: Indicates the charge has been billed to your insurance company. If the insurance company indicates on your statement it has not received, please contact our office at (608) 250-1593 or 1-877-434-3326 to ensure the correct insurance is billed.
Fee Agreement Balance: This is an amount a charge has been reduced based on an agreement between Dean Health System and the insurance company.