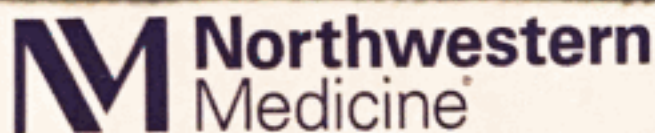


Statement of Services

	Date of Service	Description of Services	Charges	Adjustments/ Ins Payments	Patient Payments	Amount Due
Hospital Services	05/15/19- 05/20/19	Room & Board - Semi-Private Two Bed (Medical OR General) - Psychiatric	\$ 16,480.00			
Account [REDACTED]		Medical/Surgical Supplies And Devices - General Classification	\$ 6.75			
Central DuPage Hospital		Laboratory - General Classification	\$ 3,777.50			
		Laboratory - Chemistry	\$ 402.50			
		Other Imaging Services - Ultrasound	\$ 2,108.75			
		Emergency Room - General Classification	\$ 3,999.00			
		Pharmacy - Extension of 025x - Self-Administrable Drugs (B)	\$ 332.50			
		Ekg/Ecg (Electrocardiogram) - General Classification	\$ 876.50			
		Behavioral Health Treatments/Services - General Classification	\$ 1,911.00			
		Adjustments & Payments		-8,968.35		
		Total \$	29,894.50	-8,968.35	0.00	\$20,926.15
Professional Services	05/15/19- 05/20/19	Initial Hospital Care/Day 70 Minutes Adjustments & Payments	\$ 372.00	-111.60		
Account [REDACTED]						
Hardek, John, MD						
Central DuPage Hospital						
		Total \$	372.00	-111.60	0.00	\$260.40
Professional Services	05/15/19- 05/20/19	Sbsq Hospital Care/Day 25 Minutes Adjustments & Payments	\$ 145.00	-43.50		
Account [REDACTED]						
Jansen, Jonathan W., DO						
Central DuPage Hospital						
		Total \$	145.00	-43.50	0.00	\$101.50
Professional Services	05/15/19- 05/20/19	Initial Inpatient Consult New/Estab Pt 110 Min Adjustments & Payments	\$ 495.00	-148.50		
Account [REDACTED]						
Binius, Tracy, MD						
Northwestern Regional Medical Group						

(Continued on next page)



Guarantor ID [REDACTED]
 Patient Arline M Feilen
 Statement Date 07/19/2019

Statement of Services

	Date of Service	Description of Services	Charges	Adjustments/ Ins Payments	Patient Payments	Amount Due
			Total \$	495.00	-148.50	0.00
Total All Services			\$ 30,906.50	-9,271.95	0.00	\$21,634.55



Guarantor ID [REDACTED]
 Due Date 08/09/19
 Minimum Amount Due \$ 21,634.55
 Amount I Am Paying \$ 21,634.55

Credit Card VISA [Other] [Other] [Other]

Card # [REDACTED]
 Cardholder Name [REDACTED] Exp Date [REDACTED]
 Signature [REDACTED]

Stmt Inv # [REDACTED]

Northwestern Medicine
 PO Box 4090
 Carol Stream, IL 60197-4090

Phone: 800/596-7395
Fax: 616/954-2800
Website: www.mymedicalme.com
Hours: Mon - Fri | 8:00am - 8:00pm Eastern

ID Number [REDACTED]
Name **ARLINE M FEILEN**
Statement Date **9/11/2019**
Statement Number **1**

PLEASE SEE PAGE 2 FOR IMPORTANT INFORMATION

Please review the charge detail listed on the following page(s) of this statement. If you have insurance that is not listed or is incorrect, please contact us so that we can update our records.

This statement contains services rendered by WINFIELD LABORATORY CONSULTANTS, SC.

Statement Summary

Total Amount Due: Full Pmt Option **\$633.00**

OR- You may also make minimum monthly payments:
Monthly Payment Amount: \$52.75
Monthly Servicing Fee: \$0.00

Full Pmt OR Monthly Pmt Due By: Monthly Pmt Option
10/10/2019 **\$52.75**

PLEASE SEE FOLLOWING PAGE(S) FOR ACCOUNT DETAIL

Payment Options

We gladly accept checks and the following major credit cards:



Pay Online or Using our App
· www.mymedicalme.com
· App: MyMedicalMe



Pay by Mail
· Include your "ID Number" on your check
· Make checks payable to:
WINFIELD LABORATORY CONSULTANTS, SC
· Include payment stub below in envelope provided

Pay by Phone
· Call toll free: 800/596-7395

Fee Disclosures: Please note payment is due in full by the due date listed. Your account is not currently in default. Monthly service fees may be assessed after the due date for your balance that is not paid in full. Service fees are waived for auto-debit payment plans. Late fees may apply. Please see the detailed account information on subsequent pages and the "Payment Assistance" section below for more information. If payment is returned for any reason, a \$25.00 fee will be added to your account. Fees are subject to change without notice.

***Monthly Payment Plan:** To assist you with the payment of your account, we are offering you a payment arrangement option for 12 months. **By paying the exact minimum balance above, you agree to a monthly payment of \$52.75, which includes a monthly service fee of \$0.00.** Additionally, all accounts and charges on this statement will be combined into one payment plan account on future statements. If you would like additional payment options, please refer to our Website at www.mymedicalme.com or call our office at 800/596-7395 (additional fees may apply).

DETACH HERE AND RETURN THIS BOTTOM PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

WINFIELD LABORATORY CONSULTANTS, SC
PO BOX 120153
GRAND RAPIDS MI 49528-0103

ID Number		Statement Number
[REDACTED]		1
Min Amt Due	Due Date	Amt Enclosed
\$52.75	10/10/2019	

Phone: 800/596-7395
Hours: Mon - Fri | 8:00am - 8:00pm Eastern;

MAKE CHECK PAYABLE & REMIT TO:

[REDACTED]
WINFIELD LABORATORY CONSULTANTS, SC
PO BOX 88087
CHICAGO IL 60680-1087

Details for services rendered by WINFIELD LABORATORY CONSULTANTS, SC.

If you are uninsured, you may qualify for financial assistance. Please contact us for more information.



Accounts Not on Payment Plans:

- **Account Number:** [REDACTED] - charges associated with account:

Note: This account is current and is due on 10/10/2019.

Date of Srvc:	5/15/2019	Orig Balance:	98.00
Patient:	ARLINE FEILEN	Pmts/Adj/Fees:	0.00
Procedure:	80050AA: GENERAL HEALTH PANEL	Charge Payoff:	<u>98.00</u>
Location:	CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD		
Insurance 1:	GENERIC INCOMPLT INS INFO		

History Detail	Date	Description	Pmts/Adj/Fees
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Date of Srvc:	5/15/2019	Orig Balance:	100.00
Patient:	ARLINE FEILEN	Pmts/Adj/Fees:	0.00
Procedure:	80307EC: HB DRUG SCREEN ONE/MULT C	Charge Payoff:	<u>100.00</u>
Location:	CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD		
Insurance 1:	GENERIC INCOMPLT INS INFO		

History Detail	Date	Description	Pmts/Adj/Fees
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Date of Srvc:	5/15/2019	Orig Balance:	33.00
Patient:	ARLINE FEILEN	Pmts/Adj/Fees:	0.00
Procedure:	80320EA: HB DRUG SCREEN QUANTALCOH	Charge Payoff:	<u>33.00</u>
Location:	CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD		
Insurance 1:	GENERIC INCOMPLT INS INFO		

History Detail	Date	Description	Pmts/Adj/Fees
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Date of Srvc:	5/15/2019	Orig Balance:	33.00
Patient:	ARLINE FEILEN	Pmts/Adj/Fees:	0.00
Procedure:	81001EA: HB URINALYSIS AUTO W/SCOP	Charge Payoff:	<u>33.00</u>
Location:	CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD		
Insurance 1:	GENERIC INCOMPLT INS INFO		

History Detail	Date	Description	Pmts/Adj/Fees
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Date of Srvc:	5/15/2019	Orig Balance:	40.00
Patient:	ARLINE FEILEN	Pmts/Adj/Fees:	0.00
Procedure:	82728EA: CHEMISTRY	Charge Payoff:	<u>40.00</u>
Location:	CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD		
Insurance 1:	GENERIC INCOMPLT INS INFO		

History Detail	Date	Description	Pmts/Adj/Fees
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Date of Srvc:	5/15/2019	Orig Balance:	12.00
Patient:	ARLINE FEILEN	Pmts/Adj/Fees:	0.00
Procedure:	83540EA: CHEMISTRY	Charge Payoff:	<u>12.00</u>
Location:	CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD		
Insurance 1:	GENERIC INCOMPLT INS INFO		

History Detail	Date	Description	Pmts/Adj/Fees
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Date of Srvc:	5/15/2019	Orig Balance:	23.00
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Patient: ARLINE FEILEN
Procedure: 84439EA: CHEMISTRY
Location: CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD
Insurance 1: GENERIC INCOMPLT INS INFO

Pmts/Adj/Fees: 0.00
Charge Payoff: 23.00

History Detail **Date** **Description** **Pmts/Adj/Fees**

Date of Srvc: 5/15/2019
Patient: ARLINE FEILEN
Procedure: 84466EA: CHEMISTRY
Location: CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD
Insurance 1: GENERIC INCOMPLT INS INFO

Orig Balance: 33.00
Pmts/Adj/Fees: 0.00
Charge Payoff: 33.00

History Detail **Date** **Description** **Pmts/Adj/Fees**

Date of Srvc: 5/15/2019
Patient: ARLINE FEILEN
Procedure: 84481EA: CHEMISTRY
Location: CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD
Insurance 1: GENERIC INCOMPLT INS INFO

Orig Balance: 49.00
Pmts/Adj/Fees: 0.00
Charge Payoff: 49.00

History Detail **Date** **Description** **Pmts/Adj/Fees**

Date of Srvc: 5/16/2019
Patient: ARLINE FEILEN
Procedure: 80074EA: HB ACUTE HEPATITIS PANEL
Location: CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD
Insurance 1: GENERIC INCOMPLT INS INFO

Orig Balance: 167.00
Pmts/Adj/Fees: 0.00
Charge Payoff: 167.00

History Detail **Date** **Description** **Pmts/Adj/Fees**

Date of Srvc: 5/16/2019
Patient: ARLINE FEILEN
Procedure: 86038EA: IMMUNOLOGY
Location: CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD
Insurance 1: GENERIC INCOMPLT INS INFO

Orig Balance: 45.00
Pmts/Adj/Fees: 0.00
Charge Payoff: 45.00

History Detail **Date** **Description** **Pmts/Adj/Fees**

Total Account Payoff: 633.00
Min Amt Due: 633.00
unless a payment plan is established

