



Guarantor ID: 29708  
 Guarantor Name: Jane Doe  
 Statement Date: 04/09/24

## Account Summary

Balance as of today \$144.00  
 Previous Balance (12/13/2021) \$20.00  
 Amount Paid by You \$-130.00

**Amount Due**  
**\$144.00**

**Due Date**  
**05/04/24**

Can't Pay in Full? Payment Arrangements available in the Patient Portal for 3 months for \$50 per month.

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

## Pay Online with the Patient Portal



Use the Patient Portal to pay your bill, review your statement, set up a payment plan, review pending insurance claims, request/schedule appointments, and more.

If you have questions about your statement, want to set up a payment plan, or to pay your bill, scan QR code or contact us at 1-507-266-0909. Our team is available Monday-Friday 8 a.m. to 5 p.m.

Mayo Clinic Number **11-030-697**



**Mayo Clinic offers financial assistance to individuals who are unable to pay medical treatment costs.**

For more information, visit Mayo Clinic's website at [www.mayoclinic.org/financialassistance](http://www.mayoclinic.org/financialassistance) or you may call Mayo Clinic at 844-217-9591 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.



200 First Street SW  
 Rochester, MN 55905

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

**Mayo Clinic Accepts Apple Pay and Google Pay**

Guarantor ID	Due Date	Amount Due	Amount Paid
29708	05/04/24	\$144.00	\$

**Addressee**

Jane Doe  
 123 Main Street  
 ANYPLACE, MN 12345

**Please make checks payable and remit to:**

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



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## Clinic/Professional/Pharmacy Services

Patient: DOE, JANE Visit #: 1000157558		Provider: Ulrich, Michael D, M.D. Place of Service: MCHS MN Albert Lea Clinic		
Date of Service	Description	Charges	Payments/ Adjustments	Patient Balance
07/07/21	99213 Established Patient Office or Other Outpatient Visit With Low Level Od Decision Making, if Using Time, 20 Minutes or More 0002a Pfizer Covid-19 Vaccine Admin, 2nd Dose Patient Payment - 03/06/23 Patient Payment (T2E) - 03/06/23  <b>Your Responsibility</b>	\$234.00  \$40.00	  -\$50.00 -\$80.00	   <b>\$144.00</b>