



AMOUNT DUE
\$886.60

Same design as physician bill

Color-coded
based on due date

This is your current HOSPITAL bill.



Patient Name
Aaonbasemergeten
Zztest

Statement Date: 03/08/23
Account Number:
38223480002

Due Date:
03/29/23

Payment Options

Make Payment in Full



Scan the QR code or call our 24/7
automated payment line 888-918-
3512

Setup Payment Plan



Setup Payment Plan at
Ssmhealth.com/MyChart

Financial Assistance



Need financial assistance - visit
ssmhealth.com/financialaid

Questions about your bill?
Call 888-918-3512. Monday through Friday from 8am to 5pm CST

Clear concise payment options



PO BOX 411997 | ST LOUIS, MO 63141

Account Number: 38223480002
Account Name: Aaonbasemergeten Zztest

Please pay this amount \$886.60

Amount Enclosed:

ADDRESSEE:

Aaonbasemergeten Zztest
101 W Testing St
MADISON, WI 53713

MAKE CHECKS PAYABLE AND REMIT TO:

SSM Health St. Agnes Hospital - Fond du Lac
PO BOX 772909
CHICAGO IL 60677-2909

3822348000200000886609



Account Name: Aonbasemergeten Zztest
Account Number: 38223480002
Statement Date: 03/08/23
Primary Insurance: Not on File
Secondary:

ssmhealth.com/MyChart | 888-918-3512
Need financial assistance - visit ssmhealth.com/financialaid

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Acct# 38223480002 Aonbasemergeten Zztest					
12/14/2022					
01/26/23	Room & Board - Private (Medical or General) - Medical/Surgical/Gyn Self Pay Discount Your Responsibility	1,364.00		-477.40	886.60
Balance Due					886.60

Itemized charges



Hospital Billing Customer Service

Call customer service 888-918-3512
Hours: Monday through Friday, 8:00 am - 5:00 pm CST