



AMOUNT DUE
\$132.75

Same design as hospital bill

Color-coded
based on due date

This is your current Physician bill.



Guarantor Name
McHopm2 Zztest

Statement Date: 03/06/23
Account Number: **101005095163**

Due Date:
03/27/23

Payment Options

Make Payment in Full



scan the QR code

Setup Payment Plan



ssmhealth.com/MyChart

Apply for Financial Assistance



ssmhealth.com/PhysicianFinancialAid

Clear concise payment options

Questions about your bill? Call 888-918-3540



10100509516300000132755

PO BOX 411997 | ST LOUIS MO 63141

For credit card payment complete information
on reverse side.

Statement Date: 03/06/23
Account Number: 101005095163

Please pay this amount \$132.75
Amount Enclosed:

ADDRESSEE:

MAKE CHECKS PAYABLE AND REMIT TO:

McHopm2 Zztest
1201 Center Avenue
Monroe, WI 53566

SSM Health Medical Group
PO BOX 955978
ST LOUIS MO 63195-5978

YOUR TRANSACTION SUMMARY

Summary						
Service Date	Provider	Description	Charges	Credits	Insurance Balance	Patient Balance
Visit on 1/13/2023 with PIPP, DARREN J - Patient ZZTEST,MCHOPM2						
01/13/2023	Pipp, Darren J, MD	Collection Venous Blood,Venipuncture	44.00		0.00	33.00
01/13/2023	Pipp, Darren J, MD	Metabolic Panel Total Ca	133.00		0.00	99.75
01/13/2023		Self Pay Discount		44.25		

Itemized charges



YOUR NEXT STEP

Sign up for MyChart at ssmhealth.com/MyChart

Use this code for activation:

CF6WT-4VP2F-S7DS5