



CRESCENT COMMUNITY HEALTH CENTER
1690 Elm Street, Suite 300
Dubuque, IA 52001

Pay Online
www.crescentchc.org

Online Bill Pay Code **C4K92D**

Patient Responsibility **\$162.00**

Payment Due Date **01/31/2021**

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Patient Account

Patient **Test Patient Jr**
Account Number **98765**
Statement Date **01/11/2021**

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MESSAGE:

If you have not provided your financial information and would like to see if you would qualify for a Sliding Fee Discount, please contact Billing.

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Billing Questions: (563) 690-2891

See reverse side for important billing information. >>>

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DATE	DESCRIPTION	CHARGES	PAYMENTS & ADJUSTMENTS	PATIENT RESPONSIBILITY
	<i>Test Patient Jr(98765)/Dr. Provider/123456</i>			
10/28/2020	<i>Intraoral, periapical, first film</i>	29.00		
10/28/2020	<i>Intraoral, periapical, each additional film</i>	26.00		
10/28/2020	<i>Bitewings, 2 films</i>	42.00		
10/28/2020	<i>Prophylaxis, child</i>	55.00		
10/28/2020	<i>Topical fluoride varnish; therapeutic application for modera</i>	10.00		
	BALANCE:			162.00

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▲ Keep top portion for your records ▲

▼ Mail bottom portion with mailed payments ▼



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Billing Summary

Patient **Test Patient**
Account Number **98765**
Statement Date **01/11/2021**

PATIENT RESPONSIBILITY	ONLINE BILL PAY CODE	PAYMENT DUE DATE
\$162.00	C4K92D	01/31/2021

ADDRESS SERVICE REQUESTED 9999999999



Test Patient
123 Main Street
Guttenberg, IA 52052-0000

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To pay by mail, make checks payable to

CRESCENT COMMUNITY HEALTH CENTER ATTN: BILLING
1690 ELM ST STE 300
DUBUQUE IA 52001-3679

1. The Patient/Guarantor name and account number is the responsible party for paying the bill. The statement date is the date the statement was created.
2. To be assessed for the Sliding Fee Discount, you must provide financial information. The sliding fee scale is a discount applied to the cost of your care based on total household size and income. If you have questions on what financial information you need to provide, please contact Billing.
3. If you are utilizing our Guest Pay feature to pay your bill online, you will be asked for the Online Bill Pay Code. The patient responsibility is the total amount you need to pay. If you have a payment plan, it will show your recurring payment amount instead of the total balance. The payment due date is the date the payment is due.

4. We accept Mastercard, Visa, Discover and American Express payments. If you have questions regarding your statement, contact us at (563) 690-2891. For Spanish, contact us at (563) 690-0303 x5212.
5. This section lists the services provided at time of appointment(s) along with the fee incurred for each service. The total amount due per visit is listed in the Patient Responsibility column.
 - a. **Contractual Adjustment** = part of a patient's bill that was written off (not charged) because of billing agreements with the insurance company.
 - b. **Slide Fee Adjustment** = part of a patient's bill that was written off (not charged) because it was discounted based on our Sliding Fee Scale.
 - c. **Conveyance** = movement of money from one appointment to another. For example, if you pay a nominal fee AND balance at time of appointment, the balance amount will be reallocated to the appointment where the fee was incurred.
6. The summary of your billing information is provided within this box.
7. If mailing a check, please mail to the address listed. Please notate on envelope "ATTN: Billing".

With our progressive statement structure, you may see three different versions of our statements depending on your payment status. If we don't receive payment after the Final Notice letter, you may be sent to collections.

1st Outreach: Regular Statement

2nd Outreach: Regular Statement

3rd Outreach: Past Due Letter

4th Outreach: Final Notice Letter

For any questions, please contact Billing at (563) 690-2891 or (563) 690-0303 x5212 for Spanish.