

Jefferson County Human Services Department

1541 Annex Road - Jefferson, WI 53549-9803 - (920) 674-8726

Billing Statement

Client Number(s): 99999 2/2/2010 Monthly Maximum Fee: \$27 Billing Date: 08/21/2014

First Name, Last Name
Street Address
City, State Zip

Amount Due: **4** \$ 38.00

Amount Enclosed \$ _____

Please return this portion with your payment

Personal Payment Summary Since Last Billing Statement

Date Rec'd	Total Rec'd	Applied to Service Dates
8/02/2014	\$ 2.00	6/27/2014

Billing Detail

Description	Date Received	Balance
8 Client: First Name, Last Name		
6/27/2014		\$ 40.17
HAGGART MEL		\$ 0.00
BC/BS FED WIS		- \$ 2.00
COPAY RECEIVED	8/2/2014	- \$.17
Discount (M)		
	A Payment Due	\$ 38.00
	Monthly Maximum Fee Remaining	\$ 27.00
	Co-Pay (8.00) Remaining	\$ 6.00
	Deductible (5.00) Remaining	\$ 5.00
	C Total:	\$ 38.00

Summary of Balances			
Current	30-59 Days	60-89 Days	90+ Days
\$ 38.00	\$ 0.00	\$ 0.00	\$ 0.00

Charges	Payments	Adj. & Discounts	Balance
\$ 40.17	\$ 2.00	\$ 0.17	\$ 38.00

Reason Key
M = Max Fee Adjustment

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1 Client number associated with person responsible for payment

2 A monthly fee based on a families ability to pay. If your billing statement says **Unknown** – it means you have not provided your financial information to Mary Ostrander at 920-674-8142

3 The date the Billing Statement was run

4 The total amount due for this bill

5 **Personal Payments since last billing statement.** Breakdown
5. Date Payment Received
6. Total amount of Payment
7. The Service dates the payment was applied to

8 The name of the Client for whom services were performed.

9 The Date of the service and Name of provider. Insurance billed, copay or deductible received and Discount if applicable

10 The date a payment was received

A Payment due for the particular service

E Summary of all charges: Total Charges minus payments and discounts = Balance due.

1

2

3

6

7

5

8

D

E

10

B

C

D

E

B Breakdown of the Payment Due for the particular service.
Co-Pay (amount) remaining – the amount in parenthesis represents total co-pay due for that service.
Deductible (amount) remaining – the amount in parenthesis represents total deductible due for that service.

C The total of all Services payment due

D A breakdown of how long balances have been due

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