



200 First Street SW
Rochester, MN 55905

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

Pay Your Bill Online



Scan the QR Code or go to quickbillpay.mayoclinic.org
Enter your last name and Guarantor ID or Visit #

Guarantor ID	Due Date	Amount Due	Amount Paid
33053	10/28/22	\$179.00	\$

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

0000003305391031220000179001

Detach and return top portion with payment.

Account Summary

Additional account details begin on page 2

Guarantor ID:	33053
Statement Date:	10/03/22
Balance as of today	\$179.00
Previous Balance	\$0.00
Amount Paid by You	\$ 0.00

Pay in Full

1 Payment

179.00

Due Date:

Pay Monthly

2 Monthly Payments

89.50

10/28/22

Please make your payment by going to Patient Online Services (www.mayoclinic.org/onlineservices) or by calling 1-844-217-9591.

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

Contact Us

Please call 1-844-217-9591 Monday through Friday 8 a.m. to 5 p.m. to pay your bill or to ask questions about your statement.

For financial assistance, you may contact us or go online to www.mayoclinic.org/financialassistance

Patient Online Services

Go online to pay your bill, sign up for paperless billing, review pending insurance claims, securely message your health care team, view your medical records, and more.

Need to set up an account?

- Go to www.mayoclinic.org/onlineservices
- Click on "Create your account"
- Complete the online form
- Use your Mayo Clinic Number **11-034-733**
- Use this activation code:
CK6VQ-8RG7W-V5VTN by 10/31/22

Download the Mayo Clinic App for your mobile devices.
More information at www.mayoclinic.org/apps/mayo-clinic



Statement Date	Account Name	Guarantor ID	Due Date	Amount Due
10/03/22	Jane Doe	33053	10/28/22	\$179.00



Pay Your Bill Online:
 Scan the QR code or go to quickbillpay.mayoclinic.org,
 Enter your last name and Guarantor ID

This statement does not show any charges currently being processed by insurance.
 Once they are processed, you'll receive a statement for any balance you may owe.

Clinic/Professional Services

Patient: DOE, JANE Visit #: 1000211494		Provider: Newman, Mark A, M.D. Place of Service: MO - W/ Clairemont Campus Clinic		
Date of Service	Description	Charges	Payments/ Adjustments	Patient Balance
06/16/22	99213 Established Patient Office or Other Outpatient Visit, Level 3 Your Responsibility	\$179.00		\$179.00