

# Understanding Your Bill

**Bill Title** lets you know whether the bill is a normal billing statement or a payment plan notice.

**Bill Summary** provides an overview of the statement's contents, including account information.

*For an itemized list of charges, flip the bill over.*

**Perforated Check Stub** makes mailing in check payments simple! Include this stub in the envelope with your check.

**Mankato Clinic**  
PO BOX 981028, BOSTON, MA, 02298-1028  
RETURN SERVICE REQUESTED

**Amount Due** DUE BY 01/08/2026  
**\$52.40**

**Ways To Pay** VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER

**Pay Online**  
Visit: [mankatoclinic.com/online-bill\\_payment](http://mankatoclinic.com/online-bill_payment)  
Enter SecureHealthCode: PCO-PCO-PCO

**Pay on Smartphone**  
Scan QR Code

**Pay by Phone**  
Call: 877-409-2950  
Enter SecureHealthCode: 123456789

**Pay by Mail**  
Complete the form below and return in the enclosed envelope. Make check payable to **Mankato Clinic Ltd**

**Payment Options**  
Learn more about the following options on the back of this page, or visit: [www.mankatoclinic.com/billing-frequently-asked\\_questions](http://www.mankatoclinic.com/billing-frequently-asked_questions)

- Insurance Claims
- Financial Payment Policy
- Financial Assistance

**Have Questions?**  
Call: 507-389-8507  
Hours: Monday-Friday 7:00 a.m.-5:00 p.m.

**Billing Statement**  
John Smith  
123 MAIN STREET, APT 3  
NOWHERE, GA 12345-6789

**Bill Summary** See following page(s) for itemized charges

Guarantor Name:	John Smith
Account Number:	123456789
Statement Date:	12/11/2025

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Total Charges:	\$209.00
Adjustments:	\$0.00
Insurance Payments:	-\$75.00
Patient Payments:	\$0.00

**Amount Due:** \$52.40

Any insurance information provided has been billed. The balance is your responsibility and is due upon receipt of this statement.

Paying With Check? Detach and return lower portion with payment

**Thank you for choosing Mankato Clinic Ltd.**

Name:	John Smith
Account Number:	123456789
Secure Health Code:	PCO-PCO-PCO

**Amount Due:** \$52.40

Payment Included \$

If paying by check, make payments to:  
**MANKATO CLINIC LTD**  
PO BOX 981006  
BOSTON, MA 02298-1006

**Amount Due** shows your total patient responsibility for this statement and when it is due.

**Ways to Pay** lists your payment options. You can pay online at [MankatoClinic.patientwallet.com](http://MankatoClinic.patientwallet.com), pay over the phone 24/7 by calling 877-409-2950 and following the prompts, or pay via mail by following the instructions provided.

**Questions** regarding your bill can be answered by calling 507-389-8507.