



Current Profile Selected:

Your Child

Enter amount to Pay:

\$ 0.00

ePay Now



My Bills

My Statement

Ledger

Online Payment Log

Payment Receipt

\$ 0.00

ePay Now

1 of 16 Automatic Zoom

Dundee Pediatrics PLLC  
 120 Waterstradt Commerce Dr. Suite 1  
 Dundee, MI 48131  
 Phone: 734-823-5437 Fax: 734-823-5436

|                               |                                     |   |                                   |
|-------------------------------|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> VISA | <input type="checkbox"/> MasterCard | <input type="checkbox"/> AMERICAN EXPRESS | <input type="checkbox"/> DISCOVER |
| Card Number:                  | Exp Date:                           | Amount:                                   |                                   |
| Signature:                    |                                     | 3 or 4 digit security code:               |                                   |

| Record # (MRN) | Statement Date | Amount Due (\$) |
|----------------|----------------|-----------------|
| 0000003397     | 01/20/2025     | 26.43           |

Patient Name: ALLIE JANE BUNGE

JED BUNGE  
 9629 BERKEY HWY  
 Blissfield, MI 49228

---MAKE CHECKS PAYABLE / REMIT TO---  
 Dundee Pediatrics PLLC  
 120 Waterstradt Commerce Dr. Suite 1  
 Dundee, MI 48131

For all billing questions,  
 call: 734-822-6796

PLEASE DETACH AND RETURN TOP PORTION  
 WITH YOUR PAYMENT

STATEMENT

| Date       | Provider        | Service Code                                       | Description  | Charge (\$) | Amount (\$) | Balance (\$) |
|------------|-----------------|--|--|-------------|-------------|--------------|
| 09/24/2019 | Deborah Wesener | 96110  | DEVELOPMENTAL SCREEN<br>W/SCORING & DOC STD INSTRM | 20.00       |             |              |
| 11/09/2019 |                 | Insurance<br>Payment(Primary -<br>FrontPath Health |  |             | 10.21       |              |

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**My Bills**

My Statement **Ledger** Online Payment Log Payment Receipt

**Search**

Responsible:  Facility:  Provider:

Claim#:  DOS From:  To:  Date of Accident:  To:

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**Dundee Pediatrics PLLC**  
 120 Waterstradt Commerce Dr. Suite 1  
 Dundee, MI 48131-5437  
 Phone: 734-823-5437; Fax: 734-823-5436

Last, First (MRN: 0000000000)  
 Address  
 City, ST 99999

**Primary Payer (Policy #):** Your Insurance #99999,(999999999)

**Patient Financial Ledger**

| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Claim# | DOS        | Diagnosis | Facility     | Provider        | POS         | (\$ Billed)    | (\$ Allowed)   | (\$ Ins Pay)   | (\$ Pat Pay)   | (\$ Adj.)      | (\$ Write-Off) | (\$ Refund) | (\$ Balance)  |
|-------------------------------------|-------------------------------------|--------|------------|-----------|--------------|-----------------|-------------|----------------|----------------|----------------|----------------|----------------|----------------|-------------|---------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 772287 | 01/09/2025 | A00       | Dundee Pe... | Daill, Michelle | 11 - Office | 155.00         | 30.00          | 0.00           | 0.00           | 0.00           | 0.00           | 0.00        | 155.00        |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 769431 | 10/17/2024 | A00       | Dundee Pe... | Daill, Michelle | 11 - Office | 436.00         | 208.30         | 208.30         | 0.00           | 0.00           | 0.00           | 0.00        | 0.00          |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 768333 | 09/13/2024 | A00       | Dundee Pe... | Daill, Michelle | 11 - Office | 155.00         | 105.68         | 79.25          | 0.00           | 0.00           | 0.00           | 0.00        | 26.43         |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 763354 | 03/14/2024 | A00       | Dundee Pe... | Daill, Michelle | 11 - Office | 215.00         | 141.20         | 0.00           | 141.20         | 0.00           | 0.00           | 0.00        | 0.00          |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 763290 | 03/12/2024 | A00       | Dundee Pe... | Daill, Michelle | 11 - Office | 155.00         | 108.10         | 0.00           | 108.10         | 0.00           | 0.00           | 0.00        | 0.00          |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 760739 | 12/18/2023 | A00       | Dundee Pe... | Daill, Michelle | 11 - Office | 75.00          | 44.68          | 44.68          | 0.00           | 0.00           | 0.00           | 0.00        | 0.00          |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 758492 | 10/16/2023 | A00       | Dundee Pe... | Daill, Michelle | 11 - Office | 406.00         | 197.41         | 197.41         | 0.00           | 0.00           | 0.00           | 0.00        | 0.00          |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 756764 | 08/21/2023 | A00       | Dundee Pe... | Daill, Michelle | 11 - Office | 125.00         | 91.57          | 91.57          | 0.00           | 0.00           | 0.00           | 0.00        | 0.00          |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 755420 | 06/28/2023 | A00       | Dundee Pe... | Daill, Michelle | 11 - Office | 125.00         | 91.57          | 68.67          | 22.90          | 0.00           | 0.00           | 0.00        | 0.00          |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 753500 | 04/24/2023 | A00       | Dundee Pe... | Daill, Michelle | 11 - Office | 155.00         | 108.10         | 70.00          | 38.10          | 0.00           | 0.00           | 0.00        | 0.00          |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 751181 | 02/08/2023 | A00       | Dundee Pe... | Daill, Michelle | 11 - Office | 155.00         | 108.65         | 0.00           | 108.65         | 0.00           | 0.00           | 0.00        | 0.00          |
| <b>Total</b>                        |                                     |        |            |           |              |                 |             | <b>6390.00</b> | <b>3585.34</b> | <b>2437.72</b> | <b>1107.87</b> | <b>2662.98</b> | <b>0.00</b>    | <b>0.00</b> | <b>181.43</b> |

**Financial Summary**

| Responsibility wise Aging (by DOS) |         |            |            |                                       |               | Balance                             |                |
|------------------------------------|---------|------------|------------|---------------------------------------|---------------|-------------------------------------|----------------|
|                                    | Current | 31-60 Days | 61-90 Days | 91-120 Days                           | Over 120 Days |                                     |                |
| Insurance Aging (\$)               | 155.00  | 0.00       | 0.00       | 0.00                                  | 0.00          | <b>Primary (\$):</b>                | 155.00 85.43%  |
| Patient Aging (\$)                 | 0.00    | 0.00       | 0.00       | 0.00                                  | 26.43         | <b>Secondary (\$):</b>              | 0.00 0.00%     |
|                                    |         |            |            |                                       |               | <b>Tertiary (\$):</b>               | 0.00 0.00%     |
|                                    |         |            |            |                                       |               | <b>Patient (\$):</b>                | 26.43 14.57%   |
|                                    |         |            |            |                                       |               | <b>Total (\$):</b>                  | 181.43 100.00% |
|                                    |         |            |            | Insurance Unapplied Credit (\$): 0.00 |               | Patient Unapplied Credit (\$): 0.00 |                |

| Printed / Transmitted Statement History |            |                        |             | Unapplied Credit Refund   |               |               |             |             |                   |
|---|------------|------------------------|-------------|---------------------------|---------------|---------------|-------------|-------------|-------------------|
| Date                                    | Type       | Printed/Transmitted By | (\$ Amount) | Source                    | Received Date | (\$ Received) | Refund Date | (\$ Refund) | User              |
| 12/31/2024 5:49 PM                      | Electronic | Alderman, Valerie      | 26.43       | Patient                   | 08/16/2024    | 16.55         | 08/22/2024  | 75.02       | Alderman, Valerie |
| 11/04/2024 5:55 PM                      | Electronic | Alderman, Valerie      | 26.43       | Patient                   | 08/16/2024    | 0.00          | 08/22/2024  | 91.57       | Alderman, Valerie |
| 08/03/2024 4:01 PM                      | Electronic | Alderman, Valerie      | 249.30      | <b>Total (\$): 166.59</b> |               |               |             |             |                   |
| 07/01/2024 4:43 PM                      | Electronic | Alderman, Valerie      | 249.30      |                           |               |               |             |             |                   |



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Search Online Payment Log

Transaction Date:

01/01/2025

To

01/20/2025

Transaction #:

Transaction Status:

Paid Amount (\$):

0.00

Source:

Billing Entity:

Card# (ConsentId):



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Source

Transaction Date & Time

Transaction #

Amount Due (\$)

Paid Amount (\$)

Transaction Status

Comment

Portal-Easy Pay

01/01/2025 01:06 PM

26049

0.00

40.65

Success

SETTLED



Total Number of Records: 1



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Receipt Date:  To  Facility:  Provider:

Amount Paid(\$):   Receipt#:  Payment Type:

Show Void Receipts Only [Search](#) [Clear](#)

| Receipt# | Receipt Date | Facility               | Provider         | Received Amount(\$) | Fund Type      | Posted By       |   |
|----------|--------------|------------------------|------------------|---------------------|----------------|-----------------|---|
| 00014297 | 01/10/2023   | Dundee Pediatrics PLLC | Daill, Michelle  | 106.44              | Direct Payment | Brown, Carli    | <a href="#">i</a> <a href="#">Print</a> |
| 00013166 | 10/25/2022   | Dundee Pediatrics PLLC | Daill, Michelle  | 21.29               | Direct Payment | Keffer, Sandy   | <a href="#">i</a> <a href="#">Print</a> |
| 00011320 | 05/03/2022   | Dundee Pediatrics PLLC | Daill, Michelle  | 267.34              | Direct Payment | Keffer, Sandy   | <a href="#">i</a> <a href="#">Print</a> |
| 00010319 | 02/14/2022   | Dundee Pediatrics PLLC | Greco, Joel      | 32.19               | Direct Payment | Keffer, Sandy   | <a href="#">i</a> <a href="#">Print</a> |
| 00008345 | 09/28/2021   | Dundee Pediatrics PLLC | Nordyke, Katelyn | 41.59               | Direct Payment | Keffer, Sandy   | <a href="#">i</a> <a href="#">Print</a> |
| 00001034 | 09/06/2019   | Dundee Pediatrics PLLC | Daill, Michelle  | 15.02               | Direct Payment | Rule, Christine | <a href="#">i</a> <a href="#">Print</a> |

Total Number of Records: 6