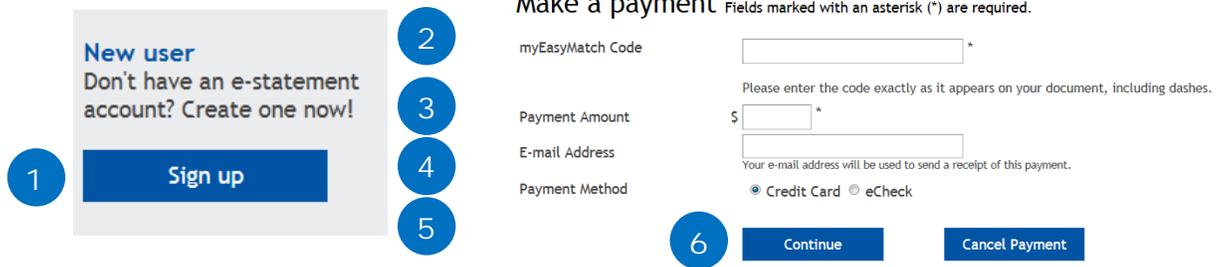


1. The one-time payment option allows a payment to be made with or without registering for online payments and/or statements.



Make a payment Fields marked with an asterisk (*) are required.

myEasyMatch Code *

Please enter the code exactly as it appears on your document, including dashes.

Payment Amount \$ *

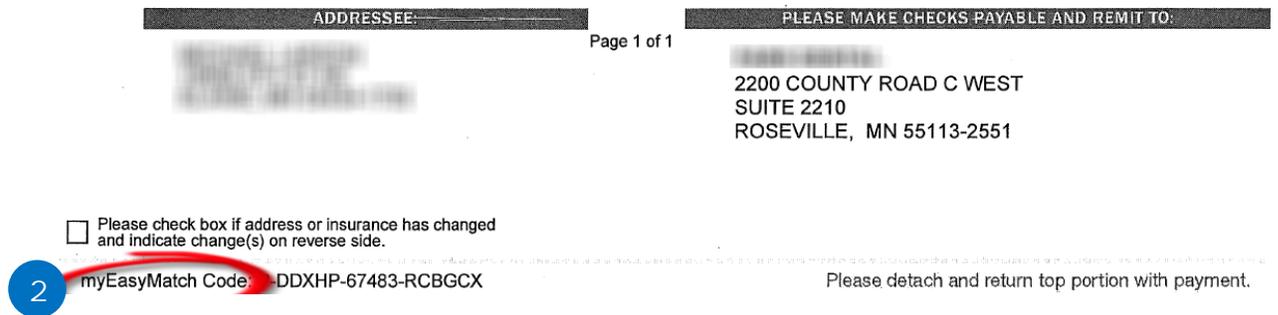
E-mail Address

Your e-mail address will be used to send a receipt of this payment.

Payment Method Credit Card eCheck

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2. Enter the myEasyMatchSM code found on the statement directly below the perforation.



ADDRESSEE: _____

Page 1 of 1

PLEASE MAKE CHECKS PAYABLE AND REMIT TO: _____

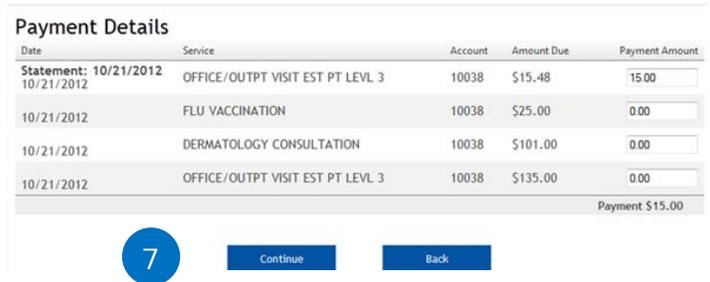
2200 COUNTY ROAD C WEST
 SUITE 2210
 ROSEVILLE, MN 55113-2551

Please check box if address or insurance has changed and indicate change(s) on reverse side.

2 myEasyMatch Code DDXHP-67483-RCBGCX

Please detach and return top portion with payment.

3. Enter desired payment amount
4. E-mail address (for receipt of payment)
5. Make selection for method of payment: Credit Card or eCheck (personal check)
6. Click on continue
7. The next payment screen shows payment details and will allow selection for specific visits to be paid when paying an amount less than the total balance. Make selection and click continue.

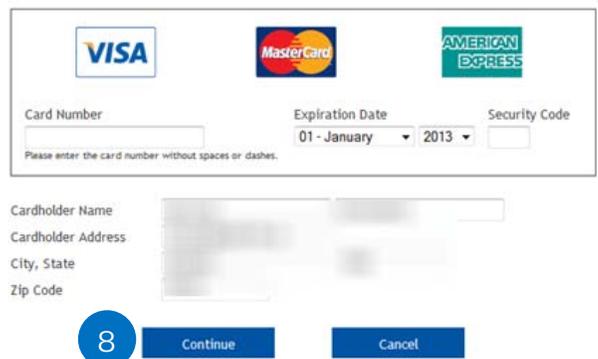


Payment Details

Date	Service	Account	Amount Due	Payment Amount
Statement: 10/21/2012	OFFICE/OUTPT VISIT EST PT LEVEL 3	10038	\$15.48	15.00
10/21/2012	FLU VACCINATION	10038	\$25.00	0.00
10/21/2012	DERMATOLOGY CONSULTATION	10038	\$101.00	0.00
10/21/2012	OFFICE/OUTPT VISIT EST PT LEVEL 3	10038	\$135.00	0.00
				Payment \$15.00

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8. Continue to fill in fields following the prompts then press continue after entering bank account or credit card account information and click continue.



VISA MasterCard AMERICAN EXPRESS

Card Number Expiration Date 01 - January 2013 Security Code

Please enter the card number without spaces or dashes.

Cardholder Name

Cardholder Address

City, State

Zip Code

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