

## Injured Patients and Families Compensation Fund > Navigating the System

### Summary

The Summary page gives an overview of an account's demographic and financial information.

The screenshot shows the 'IPFCF Provider Access' system. The top navigation bar includes links for Home, Search, My Account, Payment Finder, and a user dropdown for 'mlgmoore'. The current represented entity is 'BEST HOSPITAL EVER'. The main section is titled 'Provider Information' and contains a sidebar with links to Affiliations, Billing Parameters, Billing Statements, Correspondence, Coverage Documents, E-Payment, Financial Coverage, Financial Transactions, Noncompliance, and Summary. The 'Summary' section displays the following information:

BEST HOSPITAL EVER	
Address: 123 MAIN STREET	Account Number: 59667
City/State/Zip: HOMETOWN, WI 53704	License Type: HOSPITAL

**Summary**

Fund Compliance Status: **COMPLIANT**

Account Balance: \$2,828.80

Last Payment: \$2,500.00 on Jan 08, 2014

There are two blue arrows pointing upwards from the 'Change Address' and 'Print Balance Statement' links to the account information table. At the bottom, there is a contact information box: 'Please contact us for further information: [ociipfcf@wisconsin.gov](mailto:ociipfcf@wisconsin.gov) or 608-266-6830' and a 'Disclaimer' link. The footer contains the copyright notice: '© 2014 | Office of the Commissioner of Insurance | State of Wisconsin | [oci.wi.gov](http://oci.wi.gov)'.

It also allows the account address to be changed by clicking on Change Address. Make the necessary changes on the Edit Provider Address and click Update Address when finished.

The screenshot shows the 'Edit Provider Address' page in the 'IPFCF Provider Access' system. The top navigation bar is identical to the previous screenshot. The main section is titled 'Edit Provider Address' and contains the following form fields:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:  -

At the bottom of the form are two buttons: 'Update Address' and 'Cancel'. Below the form is a contact information box: 'Please contact us for further information: [ociipfcf@wisconsin.gov](mailto:ociipfcf@wisconsin.gov) or 608-266-6830' and a 'Disclaimer' link. The footer contains the copyright notice: '© 2014 | Office of the Commissioner of Insurance | State of Wisconsin | [oci.wi.gov](http://oci.wi.gov)'.


**NOTE: For best result use the following for page setup.**

no scaling or 100% scaling

set top and bottom margins to 0.25"

set left and right margin to 0.50"

choose "-- blank --" or "-- empty --" for headers and footers.



**INJURED PATIENTS AND FAMILIES COMPENSATION FUND**

**Balance Statement**

State of Wisconsin

Office of the Commissioner of Insurance

Drawer 478

Milwaukee, WI 53293-0001

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Transactions Description	Amount
current balance	\$2,828.80
<b>Total Balance:</b>	<b>\$2,828.80</b>

Information regarding the Injured Patients and Families Compensation Fund (Fund) and Fund statements may be found via the internet on the Fund's world wide web page at <http://oci.wi.gov/pcf.htm>.

Make check payable to: Injured Patients and Families Compensation Fund.

If you have any questions, call Mary Moore at (608) 266-7525 or email [mary.moore@wisconsin.gov](mailto:mary.moore@wisconsin.gov)

BEST HOSPITAL EVER 59667 1 be

OCI 31-001 (R 08/2012)

**INSTRUCTIONS:**  
 Pursuant to ch. 655, Wis. Stat, you must pay the amount due or complete reverse side to claim an exemption. You may pay the total due (with no interest) or the minimum payment due (with interest plus an administrative fee). Make your check payable to Injured Patients and Families Compensation Fund and send to Injured Patients and Families Compensation Fund, Drawer 478, Milwaukee, WI 53293-0001.  
 Failure to pay your assessment will result in notice to your licensing board that you are in noncompliance, as provided in s. 655.23 (7), Wis. Stat.

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Statement Date: 01/08/2014

Account Number: 59667 1 be

Account Balance: \$2,828.80

STATEMENT