BERT'S HOSPITAL BILL
[Note: Some hospital and personal information has been redacted.]

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS

CHECK CARD USING FOR PAYMENT

☐ MASTERCARD ☐ DISCOVER ☐ VISA ☐ AMERICAN EXPRESS

CARD NUMBER	SIGNATURE CODE
SIGNATURE	EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
11/10/03	47,722.80	

PAGE: 1

SHOW AMOUNT PAID HERE $

ADDRESSEE: [redacted]

BERT SACKS

REMIT TO: [redacted]

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

500005A

DATE	ITEM NO.	DESCRIPTION	TOTAL CHARGES
	210	CORONARY CARE	2,107.0
	250	DRUGS/PHARMACY	275.5
	272	STERILE SUPPLY	5,041.5
	278	SUPPLY IMPLANTS	16,542.3
	300	LABORATORY	184.0
	301	LAB/CHEMISTRY	1,797.0
	305	LAB/HEMATOLOGY	159.0
	360	OR SERVICES	557.0
	480	CARDIOLOGY	7,207.0
	481	CARDIOLOGY, CARDIAC CATH LAB	9,043.0
	636	DRUGS/DETAIL CODE	4,521.7
	637	DRUGS/ SELF	15.6
	730	EKG/ECG	272.0
		TOTAL CHARGES	47,722.8
		TOTAL PAYMENTS/ADJUSTMENTS	0.0

This is a summary of charges for your hospital services. Payments made prior to or at the time of service will not be reflected on this bill.

TOTAL 47,722.80

PATIENT NAME	ACCOUNT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
BERT SACKS		M	61Y	11/03/03	11/04/03	

8909*13C0DNQO4000039

BERT'S EMERGENCY ROOM BILL
[Note: Some hospital and personal information has been redacted.]

CHECK CARD USING FOR PAYMENT

☐ MASTERCARD ☐ DISCOVER ☐ VISA ☐ AMERICAN EXPRESS

CARD NUMBER	SIGNATURE CODE
SIGNATURE	EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
11/09/03	4,964.40	

PAGE: 1

SHOW AMOUNT PAID HERE $

[redacted] ADDRESSEE: [redacted]

BERT SACKS

[redacted] REMIT TO: [redacted]

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

500005A

DATE	ITEM NO.	DESCRIPTION	TOTAL CHARGES
	250	DRUGS/PHARMACY	68.7
	258	DRUGS/PHARMACY IV SOLUTIONS	40.0
	301	LAB/CHEMISTRY	638.0
	305	LAB/HEMATOLOGY	189.0
	324	DX XRAY/CHEST	191.0
	450	ER	2,803.0
	636	DRUGS/DETAIL CODE	946.5
	637	DRUGS/ SELF	5.2
	730	EKG/ECG	83.0
		TOTAL CHARGES	4,964.4
		TOTAL PAYMENTS/ADJUSTMENTS	0.0

This is a summary of charges for your hospital services. Payments made prior to or at the time of service will not be reflected on this bill.

TOTAL 4,964.40

PATIENT NAME	ACCOUNT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
BERT SACKS		M	61Y	11/02/03	11/03/03	

8909*13B0CBXKE000027