

Cell 1

AH USA.

gave ins. card  
ST. Lucie  
ST. Lucie or ST. Lucie

12.07.07  
12.11.07  
2x  
"fold out of Encl"  
12.22.07

ADDRESS SERVICE REQUESTED

02/15/07

DR  
DR  
DR  
DF  
DR

Please review this claim  
AGGRAVANCE

7269.00  
PATIENT BALANCE

P.O. 14616

Lexington KY. 40512

4616

Copy

right knee

8760  
800

PLEASE RETURN THIS PORTION WITH PAYMENT

011907	BALANCE FORWARD		8760.00	
011907	HUMANA APPLIED TO PT RESPONSE#		0.00	
011907	N/C HUMANA	c#	(disc) -300.00	
011907	Deductible 3,000.00			
011907	MD POST-OP FOLLOW-UP VISIT			
011907	XRAY KNEE ONE OR TWO VIEWS		85.00	
020107	# 419965 Filed			
020107	RELIED TO DEDUCTIBLE#	4199651		0.00
020107		c# 4199651		-15.00
020107	Deductible 70.00			
020507	FMT	c#		0.00
020507	N/O	c#		-761.00
020507	Deductible 1,264.00			
020507	MD POST-OP FOLLOW-UP VISIT	DONALD		
020507	XRAY KNEE ONE OR TWO VIEWS		85.00	
021307	HUMANA # 423537 Filed			

##### SEE BACK FOR CREDIT CARD PAYMENTS #####

02/15/07					073127H	
CURRENT	30-60 DAYS	60-90 DAYS	> 90 DAYS	TOTAL	INS PENDING	PAYMENT DUE - PAY THIS AMOUNT
170.00	85.00	7089.00		7351.00	85.00	7269.00

PAYMENT IS EXPECTED AT TIME OF SERVICE. PLEASE REMIT PAYMENT WITHIN 15 DAYS. CALL ABOVE NUMBER FOR QUESTIONS.

Who called Coastal to set uppt. w/ bX

Iv Morphine