## ■ MAKE CHECKS PAYABLE TO:■



P.O. BOX 2498 SALISBURY, MD 21802-2498

30382

# 0202

### RETURN SERVICE REQUESTED

PAGE: 1 of 2

IF PAYING BY MASTERCARD, I	DISCOVER, VISA OR AMERICA	AN EXPRESS, FILL OUT BELOW.
CH	ECK CARD USING FOR PAYM	ENT
MASTERCARD MASTERCARD	DISCOVER VISA VISA	A EXPRESS AMERICAN EXPRESS
CARD NUMBER		AMOUNT
SIGNATURE		EXP. DATE
ACCOUNT NUMBER	PAY THIS AMOUNT	STATEMENT DATE
2002858757		12/01/09
2002000101		12/01/03
FED. ID No. 52-0591628	CHOM VIVO	NINT
	SHOW AMO	
	PAID HERE	Ψ
		6525490

30382\*TT30HF3A3000273

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

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

PATIENT NAME: THOMAS W WELSH ACCT.#: 2002858757

**ADMIT DATE:** 11/24/09

STATEMENT DATE: 12/01/09

	DESCRIPTION	CHARGES
PRIVATE RM AND BOARD PRIVATE RM AND BOARD ADMISSION SERVICES PHARMACY MEDICAL SURG SUPP LABORATORY RADIOLOGY/DIAG OPERATING ROOM SER ANESTHESIA RESPIRATORY SERVICES PHYSICAL THERAPY OCCUPATIONAL THERAPY PULMONARY FUNCTION DRUGS REQ HCPCS II DRUG-EVAL ADMINISTR		2,064.00 1,140.00 188.00 7.00 14,232.10 207.00 75.50 3,600.00 328.50 53.65 904.00 215.00 102.11 122.83 249.80
	TOTAL CHARGES  TOTAL ADJUSTMENTS  TOTAL PAYMENTS	.00

BC BS FLORIDA

THIS BILL/STATEMENT IS FOR HOSPITAL AND AFFILIATED PHYSICIAN SERVICES ONLY. YOU MAY RECEIVE SEPARATE BILLS FROM OTHER PHYSICIANS

YOUR ACCOUNT IS BEING BILLED TO THE CARRIER SHOWN ABOVE. PLEASE VERIFY THE INFORMATION AND CALL 410-543-7436 OR 800-235-8640 TO MAKE CORRECTIONS.

**IMPORTANT MESSAGES** 

30382\*TT30HF3A3000273 File: 2009-12-01 PRMC 2002858757 TW TBA Page 1 of 2

#### MAKE CHECKS PAYABLE TO:



P.O. BOX 2498 SALISBURY, MD 21802-2498

30382



### RETURN SERVICE REQUESTED

PAGE: 2 of 2

IF PAYING BY MASTERCARD, I	DISCOVER, VISA OR AMERICA	N EXPRESS, FILL OUT BELOW.
CH	ECK CARD USING FOR PAYME	NT
MASTERCARD MASTERCARD	DISCOVER VISA VISA	AMERICAN EXPRESS
CARD NUMBER		AMOUNT
SIGNATURE		EXP. DATE
ACCOUNT NUMBER	PAY THIS AMOUNT	STATEMENT DATE
2002858757		12/01/09
2002000707		12/01/00
FED. ID No. 52-0591628	CHOM VIVO	LINIT
	SHOW AMO	UN1 \$
	PAID HERE	Ψ
		0505400

30382\*TT30HF3A3000273

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

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

PATIENT NAME: THOMAS W WELSH

ACCT.#: 2002858757

**ADMIT DATE: 11/24/09** 

STATEMENT DATE: 12/01/09

DESCRIPTION  BALANCE	
	1310: 2431 V 9:05 A 10:0 Kills
MEDICAL CENTE	

BC BS FLORIDA

THIS BILL/STATEMENT IS FOR HOSPITAL AND AFFILIATED PHYSICIAN SERVICES ONLY. YOU MAY RECEIVE SEPARATE BILLS FROM OTHER PHYSICIANS

YOUR ACCOUNT IS BEING BILLED TO THE CARRIER SHOWN ABOVE. PLEASE VERIFY THE INFORMATION AND CALL 410-543-7436 OR 800-235-8640 TO MAKE CORRECTIONS.

**IMPORTANT MESSAGES** 

30382\*TT30HF3A3000273



File: 2009-12-01 PRMC 2002858757 TW TBA Page 2 of 2