

SAN LUIS OBISPO GEN HOSP
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SLO CA. 93403-8113
(805) 543-1500

3/14
9A

3 PATIENT CONTROL NUMBER
421595
4 TYPE OF BILL
131

5 BC/BS PROV. NO. 6 FEDERAL TAX NO. 7 MEDICARE NO. 8 MEDICAID NO.

95-6000939 050088 ZZT40088F

10 PATIENT'S LAST NAME FIRST NAME INITIAL 11 PATIENT'S ADDRESS CITY STATE ZIP

BEAL, ARTHUR 881 HILLCREST CAMBRIA, CA 9342

12 BIRTH DATE 13 SEX 14 MS 15 DATE 16 HR 17 TYPE 18 SRC 19 A.H. 20 D.H. 21 STAT 22 STATEMENT COVERS PERIOD 23 COV.D. 24 N.C.D. 25 C-I.D. 26 L-R.D. 27

06-26-96 M S 03-05-86 13 03-05-86 03-05-86

28 OCCURRENCE CD DATE 29 OCCURRENCE CD DATE 30 OCCURRENCE CD DATE 31 OCCURRENCE CD DATE 32 OCCURRENCE CD DATE 33 OCCURRENCE CD FROM THROUGH

34 ARTURO BEAL 881 HILLCREST CAMBRIA, CA 93428

35 CONDITION CODES 36 37 38 39 40 FURN 41 REPL 42 NOT RP 43 DED. 44 SP. PROG. 45

120184

46 VALUE CD AMT 47 VALUE CD AMT 48 VALUE CD AMT 49 VALUE CD AMT

50 DESCRIPTION	51 R. CODE	52 S. UNITS	53 TOTAL CHARGES	54	55	56
03-05-86 CHEST - SINGLE		71010	40.00			
03-05-86 SPINE CERVICAL		72040	58.00			
03-05-86 PORTABLE X-RAY		99066	35.00			
03-05-86 COMPLETE BLOOD		85031	23.00			
03-05-86 CHEM PROFILE		80112	79.00			
03-05-86 PROFILE 6		80106	89.50			
03-05-86 CARDIAC ENZYMES		80104	45.50			
03-05-86 ER EXTENDED EXAM		90570	75.00			
03-05-86 EKG INTERPRETATI		90589	15.00			
03-05-86 ADULT I. V.		36410	14.10			
03-05-86 E. R. LEVEL III-S	33		47.00			
03-05-86 OXYGEN - EMERGEN			20.00			
03-05-86 EECG ELECTRODES			6.50			
TOTAL			547.60			
*****SUMMARY*****						
MED-SUR SUPPLIES		270	5	6.50		
LAB		300	4	237.00		
DX X-RAY		320	3	133.00		
RESPIRATORY SVC		410	1	20.00		
EMERG ROOM		450	1	47.00		
PR FEE/ER		981	3	104.10		
TOTAL CHARGES		001		547.60		

57 PAYER 58 REL INFO 59 ASG BEN 60 DEDUCTIBLE 61 CO-INSURANCE 62 EST. RESPONSIBILITY 63 PRIOR PAYMENTS 64 EST. AMOUNT DUE

A MEDICARE Y Y
B MEDI-CAL Y Y

DUE FROM PATIENT

65 INSURED'S NAME 66 SEX 67 P.REL. 68 CERT.-SSN-HIC-ID. NO. 69 GROUP NAME 70 INSURANCE GROUP NO.

A A. BEALE 01 552-07-7350-
B A. BEAL 01

NO OTHER INFO

71 ID 72 ESC 73 EMPLOYER NAME 74 EMPLOYEE ID 75 EMPLOYER LOCATION

RETIRED

76 PRINCIPAL AND OTHER DIAGNOSES DESCRIPTIONS 77 PRIN. CODE 78 79 80 81 OTHER DIAGNOSES CODES

SYNCOPE EPISODE

82 P.C. 83 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS 84 PRINCIPAL PROCEDURE CD DATE 85 OTHER PROCEDURE CD DATE 86 OTHER PROCEDURE CD DATE

9

PSRO UR DATA 91 TREATMENT AUTH. 92 ATTENDING PHYSICIAN ID. 93 OTHER PHYSICIAN ID.

87 CD 88 APP. FROM 89 APP. THROUGH 90 GRC. G29980 CAIN, WILL

94 REMARKS

VERIFIED N.C. STAY DATES FROM THROUGH FOR INTERMEDIARY USE ONLY PR. PSC. D.

AMT. REIMBURSED N-PYM. CD APPROV. BY DATE APPROV.

F G H I J K

95 I CERTIFY THAT THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

UB62795115

UNIFORM BILL

NOTICE: ANYONE WHO MISREPRESENTS OR FALSIFIES ESSENTIAL INFORMATION REQUESTED BY THIS FORM MAY UPON CONVICTION BE SUBJECT TO FINE AND IMPRISONMENT UNDER FEDERAL AND OR STATE LAW.

ifications relevant to the Bill and Information Shown on the Face Hereof: natures on the face hereof incorporate the following certifications or ifications where pertinent to this Bill:

If third party benefits are indicated as being assigned or in participation status, on the face thereof; appropriate assignments by the insured/beneficiary and signature of patient or parent or legal guardian covering authorization to release information are on file. Determinations as to the release of medical and financial information should be guided by the particular terms of the release forms that were executed by the patient or the patient's legal representative. The hospital agrees to save harmless, indemnify and defend any insurer who makes payment in reliance upon this certification, from and against any claim to the insurance proceeds when in fact no valid assignment of benefits to the hospital was made.

If patient occupied a private room or required private nursing for medical necessity, any required certifications are on file.

Physician's certifications and re-certifications, if required by contract or Federal regulations, are on file.

For Christian Science Sanitoriums, verifications and if necessary re-verifications of the patient's need for sanitorium services are on file.

Signature of patient or his representative on certifications, authorization to release information, and payment request, as required by Federal law and regulations (42 USC 1935f, 42 CFR 405.1663, 10 USC 1071 thru 1086, 32 CFR 199) and, if required by other contract regulations, is on file.

This claim, to the best of my knowledge, is correct and complete and is in conformance with the Civil Rights Act of 1964 as amended. Records adequately disclosing services will be maintained and necessary information will be furnished to such governmental agencies as required by applicable law.

For Medicare purposes:

If the patient has indicated that other health insurance or state medical assistance agency will pay part of his medical expenses and he wants information about his claim released to them upon their request, necessary authorization is on file.

For Medicaid purposes:

This is to certify that the foregoing information is true, accurate, and complete.

I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

9. For CHAMPUS purposes:

This is to certify that:

- (a) the foregoing information is true, accurate, and complete:
- (b) The patient has represented that by a reported residential address greater than 40 miles distance he or she does not live within 40 miles of a military or U.S. Public Health Service medical facility, or if the patient resides within 40 miles of such a facility, a copy of a Non-Availability Statement (DD Form 1251) is on file, or the physician has certified to a medical emergency in any instance where a copy of a Non-Availability Statement is not on file.
- (c) the patient or sponsor has responded directly to the provider's request to identify all health insurance coverages, and that all such coverages are identified on the face of the claim except those that are exclusively supplemental payments to CHAMPUS-determined benefits;
- (d) the amount billed to CHAMPUS has been billed after all such coverages have been billed and paid, excluding Medicaid, and the amount billed to CHAMPUS is that remaining claimed against CHAMPUS benefits;
- (e) the beneficiary's cost share has not been waived by consent or failure to exercise generally accepted billing and collection efforts; and,
- (f) any hospital-based physician under contract, the cost of whose services are allocated in the charges included in this bill, is not an employee or member of the Uniformed Services. For purposes of this certification, an employee of the uniformed Services is an employee, appointed in civil service (refer to USC 2105), including part-time or intermittent but excluding contract surgeons or other personnel employed by the Uniformed Services through personal service contracts. Similarly, member of the Uniformed Services does not apply to reserve members of the Uniformed Services not on active duty.

ESTIMATED CONTRACT BENEFITS