

San Luis Ambulance Service, Inc.

BUSINESS OFFICE: 358 SANTA ROSA STREET (805) 543-2626

P.O. BOX 954 • SAN LUIS OBISPO, CALIFORNIA 93406

Morro Bay • Paso Robles • San Luis Obispo



IN EMERGENCY DIAL 911

STATEMENT

(SEE REVERSE SIDE)

San Luis Ambulance Service, Inc.

358 Santa Rosa Street

P.O. Box 954

San Luis Obispo, CA 93406

(805) 543-2626

CASE NO.	86-1073
PAY PLAN	07

TICKET NO.	M32786
DATE	04-30-86

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PAY PLAN	07

TICKET NO.	M32786
DATE	04-30-86

BILL TO BEAL, ARTURO
881 HILLCREST
CAMBRIA, CA. 93428

PATIENT * BEAL, ARTURO
881 HILLCREST
CAMBRIA, CA. 93428

TEAR HERE
RETURN THIS PART
BEAL, ARTURO
To Insure Credit To Your Account Tear At
Perforation & Return With Your Remittance.

Make Checks Payable To

SAN LUIS AMBULANCE SERVICE, INC.

DATE	DESCRIPTION OF SERVICE	CODE	CHARGES	DATE MO. DAY YR.	SERVICES	CODE	CHARGES
03-05-86	AMBULANCE SERVICE FROM 889 MORRO BAY BLVD IN FRONT OF, MORRO BAY, CALIF. TO GENERAL HOSPITAL, 2180 JOHNSON AVE, SAN LUIS OBISPO, CALIF. BASE RATE-A.L.S. MILEAGE 14 @ \$6.75 OXYGEN, PER TANK	31P 32A 34A	310.00 94.50 32.50	030586	BASEAL MILES OXYGEN	31P 32A 34A	310.00 94.50 32.50
03-28-86	MEDICARE PAYMENT	31	-243.94	032886	\$MCAR	31	-243.94
03-28-86	MEDI-CARE WRITE-OFF	4H	-57.06	032886	-MCAR	4H	-57.06
PLEASE REMIT							
AAA*A							

TERMS: A CHARGE OF 1% PER MONTH APPLIED
TO ALL PAST DUE ACCOUNTS (18% PER ANNUM).

IRS # 95-2999699

Ambulance rates approved by the San Luis Obispo County
Board of Supervisors. Pursuant to Section 6.60.060 of County
Ambulance Ordinance.

AMOUNT
DUE

136.00 043086

PAY THIS
AMOUNT

136.00

ATTACH STICKER HERE

P.O.E.

MONTHS OF SERVICE ONLY



We Honor



For Charge Information Call 543-2626

MEDICARE PATIENTS INCLUDE
MEDICARE NUMBER

I hereby assign my insurance benefits covering
medical transportation to San Luis Ambulance
Service, Inc.

Signed _____

Insurance Carrier _____

Address _____

Policy # _____

Group # _____

Cert. # _____

Subscriber # _____

Employer _____

MEDICARE PATIENTS

WE HAVE RECEIVED MEDICARE PAYMENT. AS MEDICARE PAYS 80% OF THEIR ALLOWABLE CHARGES, WE HAVE BILLED YOU FOR ONLY THE 20% NOT PAID. THE WRITE-OFF FACTOR IS A COURTESY WE EXTEND TO MEDICARE PATIENTS.

MEDIC-CAL PATIENTS

IN ORDER TO BILL MEDI-CAL FOR SERVICES, WE MUST HAVE THE CORRECT P.O.E. STICKER WITHIN 10 DAYS OR PATIENT WILL BE RESPONSIBLE FOR THE CHARGES.

PRIVATE INSURANCE & WORKERS COMP.

YOU MAY BILL YOUR INSURANCE YOURSELF UTILIZING THIS ITEMIZED STATEMENT. IF YOU WISH US TO BILL YOUR INSURANCE FOR YOU, WE MUST HAVE AN ASSIGNMENT & POLICY, GROUP & CERTIFICATE NUMBERS, THE NAME & ADDRESS OF YOUR INSURANCE COMPANY, AS WELL AS ANY SPECIAL FORMS YOUR CARRIER MAY REQUIRE. (USE LEFT SIDE OF THIS FORM).

IF PAYMENTS FOR SERVICE BECOMES DELINQUENT STEPS TO EFFECT COLLECTION WILL BE TAKEN.

TERMS: A CHARGE OF 1½% PER MONTH APPLIED TO ALL
PAST DUE ACCOUNTS (18% PER ANNUM)

IF YOU HAVE ANY QUESTIONS OR IF WE CAN BE OF ASSISTANCE, PLEASE FEEL FREE TO CALL
OUR OFFICE AT 543-2626. OFFICE HOURS: MONDAY THRU FRIDAY 9:00 A.M. TO 4:30 P.M.