

1 ANI SIERRA VISTA REG MED FILE #21819 PO BOX 60000 SN FRANCISC CA 94160-1819 805-546-7600										2 000999486										3 PATIENT CONTROL NUMBER 9994866										4 TYPE OF BILL 131																																																																																																			
5 BC/BS PROV. NO. 222A40022										6 FEDERAL TAX NO. 95-2588614										7 MEDICARE NO. 050506										8 MEDICAID NO. ZZT40506F										9																																																																																									
10 PATIENT'S LAST NAME BEAL, ARTHUR H										11 PATIENT'S FIRST NAME 1405 TERESA DRIVE MORRO BAY										12 PATIENT'S ADDRESS CA 93442										13 STATE CA										14 ZIP 93442																																																																																									
12 BIRTH DATE 06/26/96										13 SEX M										14 MS 04/16/92										15 DATE 00										16 HR. 1										17 TYPE 7										18 SRC 22										19 A.H. 01										20 D.H. 01										21 STAT. 04/16/92										22 FROM 04/16/92										23 THROUGH 04/16/92										24 COV.D. 25 C-I.D. 26 L-R.D. 27									
28 OCCURRENCE CD DATE										29 OCCURRENCE CD DATE										30 OCCURRENCE CD DATE										31 OCCURRENCE CD DATE										32 OCCURRENCE CD DATE										33 OCCURRENCE CD DATE										34 FROM THROUGH																																																																					
34 ARTHUR BEAL 1405 TERESA DRIVE MORRO BAY CA 93442										35 CONDITION CODES 36 37 38 39										40 BLOOD RECORD (PINTS) 41 FURN 42 REPL 43 NOT RP 44 DED.										45 SP. PROG.										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 NON-COV										55										56																																																																					
PHARMACY										250										6										239 74																																																																																																			
MED-SUR SUPPLIES										270										4										143 00																																																																																																			
OTHER SUPPLIES/DEVICES										279										6										412 50																																																																																																			
ER VISIT LEVEL III **										99283										450										1										85 50										85 50																																																																															
TOTAL CHARGES										001										880 74										85 50																																																																																																			
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 BOTH PART A										Y										Y																														795 24																																																																															
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65 INSURED'S NAME										66 SEX										67 P. REL.										68 CERT.-SSN-HIC-ID.NO.										69 GROUP NAME										70 INSURANCE GROUP NO.																																																																															
A BEAL, ARTHUR H										01										552077350A																																																																																																													
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71 EID										72 ESC										73 EMPLOYER NAME										74 EMPLOYEE ID.										75 EMPLOYER LOCATION																																																																																									
AP																				RETIRED																																																																																																													

NOTICE TO THE PATIENT

The hospital is acting solely as an agent for the patient in filing for insurance benefits assigned to it, however, the hospital can assume no responsibility for guaranteeing payment of covered charges as shown on the face of the bill. Credit is shown only when the hospital has actually received payment. Should an overpayment be made, a refund check will be sent to the authorized party that is due the overpayment.