

AMI SIERRA VISTA HOSPITAL
FILE #21819 PO BOX 60000
SAN FRANCISCO, CA 94160-1819

07/21/92

ARTHUR BEAL
1405 TERESA DRIVE
MORRO BAY CA 93442

PATIENT : ARTHUR BEAL
ACCOUNT#: 9994866
SER DATE: 04/16/92
BALANCE : \$215.70

DEAR ARTHUR BEAL

Medicare has paid their portion of your account for the above service date(s). The balance indicated above represents your personal obligation.

Please remit payment of the balance in full. If you wish to use your credit card, we do accept Visa, Master Card and American Express.

If you have any questions regarding your account or will have difficulty with payment of the full balance, please contact this office within twenty (20) days from the date of this letter.

Your prompt remittance is appreciated.

LINDA DURHAM
PATIENT REPRESENTATIVE
(805) 546-7768

PLEASE RETURN LOWER PORTION WITH YOUR PAYMENT ~~-----~~ F/C=PM

M/C ___ Visa ___ AmX ___ Dscvr ___

CARD # _____ Exp _____

CARD HOLDER _____

AMOUNT OF PAYMENT \$ _____

SIGNATURE _____

PATIENT : ARTHUR BEAL
ACCOUNT#: 9994866
SER DATE: 04/16/92

	INITIAL BALANCE	\$1140.22
5/14/92	HC MEDICARE	\$158.53-
5/14/92	MCARE RETENTION A/R	\$546.06-
7/17/92	DISALLOW PART B OP/ER	\$61.74-
7/17/92	HC PRT B PCK-UP MEDIC	\$158.19-
	CURRENT BALANCE	\$215.70

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ATTN: LINDA DURHAM