



Account Summary

Patient Name: Bobby Kant Wolski
 Statement Date: 12/20/13
 Service Date(s): 12/01/13-12/01/13
 Account Number: 29566331
 Medical Record Number: 853968932157
 Please Pay This Amt: \$50.00

Charge Information

Trans. Date	Description		Charges	Est Ins Coverage	Payments/Adj's
12/01/13	ED VISIT LEVEL 3	99283	1117.00	1117.00-	
12/01/13	FOREARM/RT	73090RT	269.00	269.00-	
12/01/13	WRIST/RT	73110RT	269.00	269.00-	
12/01/13	ELBOW,RT 3VIEW	73080RT	322.00	322.00-	
12/01/13	OXYCOD/APAP TAB	J8499	8.40	8.40-	
12/09/13	B.C. ALW OP (SYS)			1118.40	1118.40-
12/20/13	BLUE CROSS PMT IP/OP			821.39	821.39-
12/20/13	COPAY AMT.			.00	.00

Please use this space to make corrections to your address or insurance information.

Name: _____ Account No: _____ Phone: _____
 Address: _____
 Business Phone: _____ Employer: _____
 Employer Address: _____
 Insurance Company: _____ Effective Date: _____
 Insurance Company Address: _____ Phone: _____
 Insurance Policy or Contact No: _____ Group No: _____
 Policy Holder's Name: _____ Phone: _____
 Policy Holder's Date of Birth _____ Policy Holder's Gender: ☐ M ☐ F Policy Holder's Social Security No: _____
 Patient's Relationship to Insured: ☐ Self ☐ Spouse ☐ Child ☐ Other _____