

# Bartlett Regional Hospital

To pay by credit card:    Visa    Mastercard    AMEX

Card Holder's Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

**Responsible Party:**

Gebel, Emily



Name: Gebel, Emily

Account Number: [REDACTED]

Service Dates: 07/06/23 - 07/20/23

Bill Date: 09/08/23

Insurance Coverage	Insurance Policy Number
Premera Blue Cross	[REDACTED]

Service Date	Code	Description	Quantity	Amount
07/06/23	25004936	Dexamethasone Sod 1mg Dexamethasone 4 mg/mL 5 mL MDV	5	31.68
07/06/23	25004940	Dextrose 5% 250mL Bag Inj Dextrose 5% 250 mL Bag	1	42.00
07/06/23	25004940	Dextrose 5% 250mL Bag Inj Dextrose 5% 250 mL Bag	2	223.12
07/06/23	25004980	Diphenhydram 50mg/mL-1mL V DiphenhydrAMINE 50 mg/mL 1 mL SDV	1	19.15

Estimated Insurance Due	
Premera Blue Cross	0.00

Total Charges	24,120.37
Total Credits:	-21,044.37
Total Due:	3,076.00
Estimated Insurance Coverage:	0.00
Your Estimated Amount Due:	3,076.00

*This bill contains charges for hospital services only. Charges for physician services related to your care will be billed separately.*

Customer Service Representatives are available to assist you with any questions you have, applications for financial assistance, and options for payment arrangements. Please email us at [REDACTED]

or Call our main line at [REDACTED]

Name: Gebel, Emily		Account Number	Service Dates: 07/06/23 - 07/20/23		
Service Date	Code	Description	Quantity	Amount	
07/06/23	25005184	Heparin 100 Units/mL Syr 5mL Heparin Sodium 100 Unit/mL 5 mL Syr	1	19.15	
07/06/23	25005282	Sod Chloride 0.9% 100mL Bag Sodium Chloride 0.9% 100 mL Bag	1	99.15	
07/06/23	25005284	Sod Chloride 0.9% 50mL Bag Sodium Chloride 0.9% 50 mL Bag	1	28.05	
07/06/23	25005308	Leucov Calc 100mg/10mL-10mL V Leucovorin 100 mg/10 mL SDV	1	85.00	
07/06/23	25006642	Palonosetron 0.05 mg/mL 5mL Palonosetron 0.25 mg/5 mL SDV	1	1,770.80	
07/06/23	27210213	Needle Portacath 20X3/4 NEEDLE PC GRIPPER 20GAX3/4	1	36.75	
07/06/23	33102419	Chemotherapy Initial Hour	1	1,006.00	
07/06/23	63604916	Cyclophosphamide 500mg Vial Cyclophosphamide 500 mg SDV	1	1,329.90	
07/06/23	63606400	Doxorubicin HCL 20mg/10mL SDV DOXOrubicin Liposomal 20mg/10 mL (2	2	3,076.00	
07/06/23	63606886	Fluorouracil 1000mg/20mL Vial Fluorouracil 50 mg/mL 20 mL SDV	1	114.75	
07/06/23	63620233	NDC 70860-0751-02 Famotidine 20 mg/2 mL SDV	1	19.15	
07/06/23	76102447	Injection IVP Ea Add New Med	2	543.00	
07/06/23	76102448	Concurrent IV Infusion	1	292.25	
07/06/23	76102450	Chemo INF Addl Sequential Drug	1	400.25	
07/06/23	76102454	Chemo Ivp Additional Drug	1	389.50	
07/06/23	76102456	Tx/Prop/Diag Seq IV Inf Add Hr	3	567.75	
					10,093.40
07/13/23	25004936	Dexamethasone Sod 1mg Dexamethasone 4 mg/mL 5 mL MDV	5	31.68	
07/13/23	25004940	Dextrose 5% 250mL Bag Inj Dextrose 5% 250 mL Bag	1	111.56	
07/13/23	25004980	Diphenhydram 50mg/mL-1mL V DiphenhydrAMINE 50 mg/mL 1 mL SDV	1	19.15	
07/13/23	25005184	Heparin 100 Units/mL Syr 5mL Heparin Sodium 100 Unit/mL 5 mL Syr	1	19.15	
07/13/23	25005282	Sod Chloride 0.9% 100mL Bag Sodium Chloride 0.9% 100 mL Bag	1	99.15	
07/13/23	25005283	Sod Chloride 0.9% 250mL Bag Sodium Chloride 0.9% 250 mL Bag	1	42.00	
07/13/23	25005284	Sod Chloride 0.9% 50mL Bag Sodium Chloride 0.9% 50 mL Bag	1	28.05	
07/13/23	25005308	Leucov Calc 100mg/10mL-10mL V Leucovorin 100 mg/10 mL SDV	1	85.00	
07/13/23	25006642	Palonosetron 0.05 mg/mL 5mL Palonosetron 0.25 mg/5 mL SDV	1	714.00	
07/13/23	27210213	Needle Portacath 20X3/4 NEEDLE PC GRIPPER 20GAX3/4	1	36.75	
07/13/23	33102419	Chemotherapy Initial Hour	1	1,006.00	
07/13/23	63604916	Cyclophosphamide 500mg Vial Cyclophosphamide 500 mg SDV	1	1,329.90	
07/13/23	63606958	Fluorouracil 50mg/mL 10mL V Fluorouracil 50 mg/ml 10 ml SDV	2	224.74	
07/13/23	63620233	NDC 70860-0751-02 Famotidine 20 mg/2 mL SDV	1	19.15	
07/13/23	76102447	Injection IVP Ea Add New Med	2	543.00	
07/13/23	76102454	Chemo Ivp Additional Drug	1	389.50	
07/13/23	76102456	Tx/Prop/Diag Seq IV Inf Add Hr	2	378.50	

Name: Gebel, Emily

Account Number: [REDACTED]

Service Dates: 07/06/23 - 07/20/23

Service Date	Code	Description	Quantity	Amount
				5,077.28
07/20/23	25004936	Dexamethasone Sod lmg Dexamethasone 4 mg/mL 5 mL MDV	5	31.68
07/20/23	25004940	Dextrose 5% 250mL Bag Inj Dextrose 5% 250 mL Bag	2	223.12
07/20/23	25004980	Diphenhydram 50mg/mL-1mL V DiphenhydrAMINE 50 mg/mL 1 mL SDV	1	19.15
07/20/23	25005184	Heparin 100 Units/mL Syr 5mL Heparin Sodium 100 Unit/mL 5 mL Syr	1	19.15
07/20/23	25005279	Dextrose 5% 500mL Bag Dextrose 5% 500 mL Bag	1	34.35
07/20/23	25005282	Sod Chloride 0.9% 100mL Bag Sodium Chloride 0.9% 100 mL Bag	1	99.15
07/20/23	25005284	Sod Chloride 0.9% 50mL Bag Sodium Chloride 0.9% 50 mL Bag	1	28.05
07/20/23	25005308	Leucov Calc 100mg/10mL-10mL V Leucovorin 100 mg/10 mL SDV	1	85.00
07/20/23	25006642	Palonosetron 0.05 mg/mL 5mL Palonosetron 0.25 mg/5 mL SDV	1	714.00
07/20/23	27210211	Needle Portcath Grip 20X1 NEEDLE PC GRIPPER 20GAX1	1	36.75
07/20/23	33102419	Chemotherapy Initial Hour	1	1,006.00
07/20/23	63604916	Cyclophosphamide 500mg Vial Cyclophosphamide 500 mg SDV	1	1,329.90
07/20/23	63606400	Doxorubicin HCL 20mg/10mL SDV DOXOrubicin Liposomal 20mg/10 mL (2	2	3,076.00
07/20/23	63606958	Fluorouracil 50mg/mL 10mL V Fluorouracil 50 mg/ml 10 ml SDV	2	224.74
07/20/23	63620233	NDC 70860-0751-02 Famotidine 20 mg/2 mL SDV	1	19.15
07/20/23	76102447	Injection IVP Ea Add New Med	2	543.00
07/20/23	76102448	Concurrent IV Infusion	1	292.25
07/20/23	76102450	Chemo INF Addl Sequential Drug	1	400.25
07/20/23	76102454	Chemo Ivp Additional Drug	1	389.50
07/20/23	76102456	Tx/Prop/Diag Seq IV Inf Add Hr	2	378.50
				8,949.69
08/07/23	ABCPREMEXCLD	Blue Cross Prem Excluded Chgs Adjustment	1	-2,953.75
				-2,953.75
08/17/23	ABCPREM	ADJ Premera Blue Cross [REDACTED]	1	-9,417.77
08/17/23	PBCPREM	PMT Premera Blue Cross [REDACTED]	1	-8,672.85
				-18,090.62
		<b>Summary by Service</b>		
		025x Pharmacy	14	1,057.75
		026x IV Therapy	8	2,213.50
		027x Med/Surg Supplies and Devices	3	110.25
		033x Radiology - Ther and Chemo Adm	8	4,987.00
		063x Pharmacy (Extended)	42	14,427.12
		076x Specialty Room - Treat/Obsv	7	1,324.75
		<b>Payments, Adjustments, Refunds</b>	3	-21,044.37

CONSULTING PS  
TACOMA WA  
RETURN SERVICE REQUESTED

BILLING QUESTIONS:

STATEMENT DATE 03/27/23	PAY THIS AMOUNT 479.95	ACCT. #
CHECK #	SHOW AMOUNT PAID HERE	

ADDRESSEE

REMIT TO

Emily Gebel

CONSULTING PS  
TACOMA WA

40L76TW6AC

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

**STATEMENT**

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PROVIDER	DESCRIPTION	PATIENT	CHARGES	PAYMENTS & WRITE-OFFS		PATIENT BALANCE
					ADJUSTMENTS	PAYMENTS	
01/26/23		OFFICE/OUTPATIENT VISIT EST	EMILY	196.00			15.00
02/28/23		WRITE OFF - INSURANCE			(118.19)		
02/28/23		PAYMENT - INSURANCE <i>Copayment amount.</i>				(62.81)	
01/26/23		CHEMO IV INFUSION 1 HR	EMILY	409.00			36.95
02/28/23		WRITE OFF - INSURANCE			(224.23)		
02/28/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(147.82)	
01/26/23		CHEMO IV INFUS EACH ADDL SEQ	EMILY	200.00			17.99
02/28/23		WRITE OFF - INSURANCE			(110.03)		
02/28/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(71.98)	
01/26/23		PACLITAXEL INJECTION	EMILY	17.28			2.50
02/28/23		WRITE OFF - INSURANCE			(4.80)		
02/28/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(9.98)	
01/26/23		CARBOPLATIN INJECTION	EMILY	33.11			3.82
02/28/23		WRITE OFF - INSURANCE			(14.00)		
02/28/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(15.29)	
01/26/23		CHEMO IV PUSH ADDL DRUG	EMILY	168.00			15.51
02/28/23		WRITE OFF - INSURANCE			(90.45)		
02/28/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(62.04)	

**MESSAGES**

PROMPT PAYMENTS ARE ALWAYS APPRECIATED!

CURRENT	31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	UNAPPLIED	BALANCE DUE
479.95	0.00	0.00	0.00	0.00	0.00	479.95

PLEASE REMIT TO: CONSULTING PS  
TACOMA WA

ACCOUNT NUMBER:

BILLING QUESTIONS:

PLEASE PAY THIS AMOUNT

**\$479.95**



ZIP  
EFFECTIVE DATE

STATEMENT DATE  
03/27/23

ACCT. #  
[REDACTED]

DATE	PROVIDER	DESCRIPTION	PATIENT	CHARGES	PAYMENTS & WRITE-OFFS		PATIENT BALANCE
					ADJUSTMENTS	PAYMENTS	
01/26/23	[REDACTED]	FLUOROURACIL INJECTION	EMILY	4.48			0.72
02/28/23		WRITE OFF - INSURANCE			(0.90)		
02/28/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(2.86)	
01/26/23	[REDACTED]	NORMAL SALINE SOLUTION INFUS	EMILY	8.28			0.29
02/28/23		WRITE OFF - INSURANCE			(6.82)		
02/28/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(1.17)	
01/26/23	[REDACTED]	5% DEXTROSE/WATER	EMILY	4.25			0.38
02/28/23		WRITE OFF - INSURANCE			(2.33)		
02/28/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(1.54)	
01/26/23	[REDACTED]	TX/PRO/DX INJ NEW DRUG ADDON	EMILY	320.00			23.07
02/28/23		WRITE OFF - INSURANCE			(204.65)		
02/28/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(92.28)	
01/26/23	[REDACTED]	INJECTION, FAMOTIDINE, 20 MG	EMILY	9.27			0.18
02/28/23		WRITE OFF - INSURANCE			(8.36)		
02/28/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(0.73)	
01/26/23	[REDACTED]	DIPHENHYDRAMINE INJ / BENADRYL 50 MG	EMILY	0.87			0.14
02/28/23		WRITE OFF - INSURANCE			(0.17)		
02/28/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(0.56)	
01/26/23	[REDACTED]	DEXAMETHASONE / DECADRON 1 MG	EMILY	2.80			0.45
02/28/23		WRITE OFF - INSURANCE			(0.56)		
02/28/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(1.79)	
01/26/23	[REDACTED]	PALONOSETRON INJ / ALOXI 25 MCG	EMILY	232.50			2.22
02/28/23		WRITE OFF - INSURANCE			(221.40)		
02/28/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(8.88)	
01/26/23	[REDACTED]	LEUCOVORIN CALCIUM INJECTION	EMILY	5.40			0.79
02/28/23		WRITE OFF - INSURANCE			(1.44)		
02/28/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(3.17)	
02/02/23	[REDACTED]	OFFICE/OUTPATIENT VISIT EST	EMILY	196.00			15.00
02/28/23		WRITE OFF - INSURANCE			(118.19)		
02/28/23		PAYMENT - INSURANCE <i>Copayment amount.</i>				(62.81)	
02/02/23	[REDACTED]	CHEMO IV INFUSION 1 HR	EMILY	409.00			37.28
02/28/23		WRITE OFF - INSURANCE			(222.60)		
02/28/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(149.12)	
02/02/23	[REDACTED]	CHEMO IV INFUS EACH ADDL SEQ	EMILY	200.00			17.99
02/28/23		WRITE OFF - INSURANCE			(110.03)		
02/28/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(71.98)	
02/02/23	[REDACTED]	PACLITAXEL INJECTION	EMILY	17.28			2.50
02/28/23		WRITE OFF - INSURANCE			(4.80)		



STATEMENT DATE

03/27/23

DATE	PROVIDER	DESCRIPTION	PATIENT	CHARGES	PAYMENTS & WRITE-OFFS		PATIENT BALANCE
					ADJUSTMENTS	PAYMENTS	
02/28/23		PAYMENT - INSURANCE Coinsurance amount.				(9.98)	
02/02/23		<b>CARBOPLATIN INJECTION</b>	EMILY	33.11	(14.00)		3.82
02/28/23		WRITE OFF - INSURANCE				(15.29)	
02/28/23		PAYMENT - INSURANCE Coinsurance amount.					
02/02/23		<b>CHEMO IV PUSH ADDL DRUG</b>	EMILY	168.00	(90.45)		15.51
02/28/23		WRITE OFF - INSURANCE				(62.04)	
02/28/23		PAYMENT - INSURANCE Coinsurance amount.					
02/02/23		<b>FLUOROURACIL INJECTION</b>	EMILY	4.48	(0.90)		0.72
02/28/23		WRITE OFF - INSURANCE				(2.86)	
02/28/23		PAYMENT - INSURANCE Coinsurance amount.					
02/02/23		<b>NORMAL SALINE SOLUTION INFUS</b>	EMILY	8.28	(6.82)		0.29
02/28/23		WRITE OFF - INSURANCE				(1.17)	
02/28/23		PAYMENT - INSURANCE Coinsurance amount.					
02/02/23		<b>5% DEXTROSE/WATER</b>	EMILY	4.25	(2.33)		0.38
02/28/23		WRITE OFF - INSURANCE				(1.54)	
02/28/23		PAYMENT - INSURANCE Coinsurance amount.					
02/02/23		<b>TX/PRO/DX INJ NEW DRUG ADDON</b>	EMILY	320.00	(204.65)		23.07
02/28/23		WRITE OFF - INSURANCE				(92.28)	
02/28/23		PAYMENT - INSURANCE Coinsurance amount.					
02/02/23		<b>INJECTION, FAMOTIDINE, 20 MG</b>	EMILY	9.27	(8.36)		0.18
02/28/23		WRITE OFF - INSURANCE				(0.73)	
02/28/23		PAYMENT - INSURANCE Coinsurance amount.					
02/02/23		<b>DIPHENHYDRAMINE INJ / BENADRYL 50 MG</b>	EMILY	0.87			0.14
02/28/23		WRITE OFF - INSURANCE				(0.17)	
02/28/23		PAYMENT - INSURANCE Coinsurance amount.				(0.56)	
02/02/23		<b>DEXAMETHASONE / DECADRON 1 MG</b>	EMILY	2.80			0.45
02/28/23		WRITE OFF - INSURANCE				(0.56)	
02/28/23		PAYMENT - INSURANCE Coinsurance amount.				(1.79)	
02/02/23		<b>PALONOSETRON INJ / ALOXI 25 MCG</b>	EMILY	232.50			2.22
02/28/23		WRITE OFF - INSURANCE				(221.40)	
02/28/23		PAYMENT - INSURANCE Coinsurance amount.				(8.88)	
02/02/23		<b>LEUCOVORIN CALCIUM INJECTION</b>	EMILY	5.40	(1.44)		0.79
02/28/23		WRITE OFF - INSURANCE				(3.17)	
02/28/23		PAYMENT - INSURANCE Coinsurance amount.					
02/10/23		<b>OFFICE/OUTPATIENT VISIT EST</b>	EMILY	196.00			15.00
03/15/23		WRITE OFF - INSURANCE				(118.19)	
03/15/23		PAYMENT - INSURANCE Copayment amount.				(62.81)	



STATEMENT DATE 03/27/23 ACCT # [REDACTED]

DATE	PROVIDER	DESCRIPTION	PATIENT	CHARGES	PAYMENTS & WRITE-OFFS		PATIENT BALANCE
					ADJUSTMENTS	PAYMENTS	
02/10/23	[REDACTED]	CHEMO IV INFUSION 1 HR	EMILY	409.00			37.28
03/15/23		WRITE OFF - INSURANCE			(222.60)		
03/15/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(149.12)	
02/10/23	[REDACTED]	CHEMO IV INFUS EACH ADDL SEQ	EMILY	200.00			17.99
03/15/23		WRITE OFF - INSURANCE			(110.03)		
03/15/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(71.98)	
02/10/23	[REDACTED]	PACLITAXEL INJECTION	EMILY	17.28			2.50
03/15/23		WRITE OFF - INSURANCE			(4.80)		
03/15/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(9.98)	
02/10/23	[REDACTED]	CARBOPLATIN INJECTION	EMILY	28.38			3.28
03/15/23		WRITE OFF - INSURANCE			(12.00)		
03/15/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(13.10)	
02/10/23	[REDACTED]	CHEMO IV PUSH ADDL DRUG	EMILY	168.00			15.51
03/15/23		WRITE OFF - INSURANCE			(90.45)		
03/15/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(62.04)	
02/10/23	[REDACTED]	FLUOROURACIL INJECTION	EMILY	4.48			0.72
03/15/23		WRITE OFF - INSURANCE			(0.90)		
03/15/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(2.86)	
02/10/23	[REDACTED]	NORMAL SALINE SOLUTION INFUS	EMILY	8.28			0.29
03/15/23		WRITE OFF - INSURANCE			(6.82)		
03/15/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(1.17)	
02/10/23	[REDACTED]	5% DEXTROSE/WATER	EMILY	4.25			0.38
03/15/23		WRITE OFF - INSURANCE			(2.33)		
03/15/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(1.54)	
02/10/23	[REDACTED]	TX/PRO/DX INJ NEW DRUG ADDON	EMILY	320.00			23.07
03/15/23		WRITE OFF - INSURANCE			(204.65)		
03/15/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(92.28)	
02/10/23	[REDACTED]	INJECTION, FAMOTIDINE, 20 MG	EMILY	9.27			0.18
03/15/23		WRITE OFF - INSURANCE			(8.36)		
03/15/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(0.73)	
02/10/23	[REDACTED]	DIPHENHYDRAMINE INJ / BENADRYL 50 MG	EMILY	0.87			0.14
03/15/23		WRITE OFF - INSURANCE			(0.17)		
03/15/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(0.56)	
02/10/23	[REDACTED]	DEXAMETHASONE / DECADRON 1 MG	EMILY	2.80			0.45
03/15/23		WRITE OFF - INSURANCE			(0.56)		
03/15/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(1.79)	
02/10/23	[REDACTED]	PALONOSETRON INJ / ALOXI 25 MCG	EMILY	232.50			2.22
03/15/23		WRITE OFF - INSURANCE			(221.40)		



STATEMENT DATE

03/27/23

DATE	PROVIDER	DESCRIPTION	PATIENT	CHARGES	PAYMENTS & WRITE-OFFS		PATIENT BALANCE
					ADJUSTMENTS	PAYMENTS	
03/15/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(8.88)	
02/10/23		LEUCOVORIN CALCIUM INJECTION	EMILY	5.40	(1.44)		0.79
03/15/23		WRITE OFF - INSURANCE				(3.17)	
03/15/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>					15.00
02/16/23		OFFICE/OUTPATIENT VISIT EST	EMILY	196.00	(118.19)		
03/15/23		WRITE OFF - INSURANCE				(62.81)	
03/15/23		PAYMENT - INSURANCE <i>Copayment amount.</i>					37.28
02/16/23		CHEMO IV INFUSION 1 HR	EMILY	409.00	(222.60)		
03/15/23		WRITE OFF - INSURANCE				(149.12)	
03/15/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>					17.99
02/16/23		CHEMO IV INFUS EACH ADDL SEQ	EMILY	200.00	(110.03)		
03/15/23		WRITE OFF - INSURANCE				(71.98)	
03/15/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>					2.50
02/16/23		PACLITAXEL INJECTION	EMILY	17.28	(4.80)		
03/15/23		WRITE OFF - INSURANCE				(9.98)	
03/15/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>					3.28
02/16/23		CARBOPLATIN INJECTION	EMILY	28.38	(12.00)		
03/15/23		WRITE OFF - INSURANCE				(13.10)	
03/15/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>					15.51
02/16/23		CHEMO IV PUSH ADDL DRUG	EMILY	168.00	(90.45)		
03/15/23		WRITE OFF - INSURANCE				(62.04)	
03/15/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>					0.72
02/16/23		FLUOROURACIL INJECTION	EMILY	4.48	(0.90)		
03/15/23		WRITE OFF - INSURANCE				(2.86)	
03/15/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>					0.29
02/16/23		NORMAL SALINE SOLUTION INFUS	EMILY	8.28	(6.82)		
03/15/23		WRITE OFF - INSURANCE				(1.17)	
03/15/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>					0.38
02/16/23		5% DEXTROSE/WATER	EMILY	4.25	(2.33)		
03/15/23		WRITE OFF - INSURANCE				(1.54)	
03/15/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>					23.0
02/16/23		TX/PRO/DX INJ NEW DRUG ADDON	EMILY	320.00	(204.65)		
03/15/23		WRITE OFF - INSURANCE				(92.28)	
03/15/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>					0
02/16/23		INJECTION, FAMOTIDINE, 20 MG	EMILY	9.27	(8.36)		
03/15/23		WRITE OFF - INSURANCE				(0.73)	
03/15/23		PAYMENT - INSURANCE <i>Coinsurance amount.</i>					
02/16/23		DIPHENHYDRAMINE INJ /	EMILY	0.87			



STATEMENT DATE  
03/27/23

ACCT. #  
[REDACTED]

PATIENT BALANCE  
0.79

DATE	PROVIDER	DESCRIPTION	PATIENT	CHARGES	PAYMENTS & WRITE-OFFS		PATIENT BALANCE
					ADJUSTMENTS	PAYMENTS	
03/15/23	[REDACTED]	BENADRYL 50 MG PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(0.56)	
02/16/23	[REDACTED]	DEXAMETHASONE / DECADRON 1 MG	EMILY	2.80			0.45
03/15/23	[REDACTED]	WRITE OFF - INSURANCE			(0.56)		
03/15/23	[REDACTED]	PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(1.79)	
02/16/23	[REDACTED]	PALONOSETRON INJ / ALOXI 25 MCG	EMILY	232.50			2.22
03/15/23	[REDACTED]	WRITE OFF - INSURANCE			(221.40)		
03/15/23	[REDACTED]	PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(8.88)	
02/16/23	[REDACTED]	LEUCOVORIN CALCIUM INJECTION	EMILY	5.40			0.79
03/15/23	[REDACTED]	WRITE OFF - INSURANCE			(1.44)		
03/15/23	[REDACTED]	PAYMENT - INSURANCE <i>Coinsurance amount.</i>				(3.17)	

[REDACTED]