

# STATEMENT

SLRMC HOSPITALIST  
 PO BOX 150  
 WEST JORDAN UT 84084-0150

This is our new billing statement. Until your balance is resolved with our old billing company, you may receive two statements. If you have any questions please contact us at the phone number listed below. Thank You

STATEMENT NUMBER: xxxxxxxx  
 P/C SH L

SHOW AMOUNT PAID HERE \$ \_\_\_\_\_

888-999-9999  
 OFFICE PHONE NUMBER

06/18/2010  
 CLOSING DATE

xxxxxxx-x  
 ACCOUNT NO.

001  
 PAGE NO.

18.73  
 NEW BALANCE

XXXXXXXX XXXXXXXX  
 XXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXX

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072



NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

CHARGES APPEARING ON THIS STATEMENT ARE **NOT** INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE OF SERVICE	PROVIDER	DESCRIPTION	ACTIVITY DATE	CHARGES	INSURANCE ACTIVITY	PATIENT ACTIVITY	PATIENT RESPONSIBLE
		XXXXX XXXXXXXX	XXXXXX-XXX-X				
070309	DR MALECHE	Filed with MEDICARE SUBSEQUENT HOSPITAL CARE	111209	222.00			
		MEDICARE PAYMENT	112409		74.92-		
		MEDICARE DISALLOW 1	112409		128.35-		
		<b>PATIENT RESPONSIBLE</b>	<b>010110</b>				<b>18.73</b>
071109	AHN	Filed with MEDICARE SUBSEQUENT HOSPITAL CARE	020910	154.00	-PENDING-		
		ZERO DOLLAR PAYMENT	021110				
071209	AHN	Filed with MEDICARE SUBSEQUENT HOSPITAL CARE	021110	154.00	-PENDING-		
		ZERO DOLLAR PAYMENT	021110				
052009	WREN MD	Filed with MEDICARE SUBSEQUENT HOSPITAL CARE	052110	222.00	-PENDING-		
052009	WREN MD	ELECTROCARDIOGRAM REPORT		20.00			
		Insurance Balance Pending		550.00			

Statement Closing Date: 06/18/2010	WHEN CALLING OUR OFFICE, PLEASE INDICATE YOUR ACCOUNT NUMBER:			xxxxxxx-x xxxxxxx
	OR STATEMENT NUMBER:			
BALANCE 30 DAYS AND UNDER	BALANCE OVER 30 DAYS	BALANCE OVER 60 DAYS	BALANCE OVER 90 DAYS	PATIENT RESPONSIBLE NEW BALANCE
			18.73	18.73

Send inquiries to:  
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