RETURN THIS PORTION WITH PAYMENT

000164L

STATEMENT

SLRMC HOSPITALIST **PO BOX 150** WEST JORDAN UT 84084-0150 This is our new billing statement. 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: P/C SH

XXXXXXX

SHOW AMOUNT PAID HERE

PATIENT

888-999-9999 OFFICE PHONE NUMBER 06/18/2010 CLOSING DATE

ACCOUNT NO.

PAGE NO.

INSURANCE

18.73 **NEW BALANCE**

PATIENT

XXXXXX XXXXXXX XXXXXXXXXXXXXXXXXX

PROVIDER

DATE OF

052009 WREN MD

SLRMC HOSPITALIST **PO BOX 150**

WEST JORDAN UT 84084-0150

CHARGES

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

DESCRIPTION

SERVICE	PHOVIDER	DESCRIPTION	DATE	CHARGES	ACTIVITY	ACTIVITY	RESPONSIBLE
		XXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(-X				
070309	DR MALECHE	Filed with MEDICARE SUBSEQUENT HOSPITAL CARE	111209	222.00			
		MEDICARE PAYMENT MEDICARE DISALLOW 1	112409		74.92- 128.35-		
		DATTENT DESDONSTRIE	010110				18 73

ACTIVITY

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

LAITENI KESLONZIRLE Filed with MEDICARE SUBSEQUENT HOSPITAL CARE -PENDING-020910 154.00 071109 AHN ZERO DOLLAR PAYMENT 021110 SUBSEQUENT HOSPITAL CARE 154.00 071209 AHN ZERO DOLLAR PAYMENT 021110 Filed with MEDICARE SUBSEQUENT HOSPITAL CARE 052110 -PENDING-222.00 20.00 052009 WREN MD

> Insurance Balance Pending 550.00

ELECTROCARDIOGRAM REPORT

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

Send inquiries to: SLRMC HOSPITALIST PO BOX 150

WEST JORDAN UT 84084-0150

000164R STATEMENT

JORDAN VALLEY INTERNAL MED PO BOX 150 WEST JORDAN UT 84084-150

Physician Group of Utah, Inc. Upon review of this statement, if any discrepancies are noted. Please contact our office.

STATEMENT NUMBER: P/C JI

XXXXXXX

SHOW AMOUNT PAID HERE

888-999-9999

OFFICE PHONE NUMBER

06/18/2010 CLOSING DATE

L

XXXXXX-X ACCOUNT NO.

001 PAGE NO. 90.00 NEW BALANCE

XXXXXXX X XXXXXXXX XXXXXXXXXXXXXXXXX

XXXXXXXX

JORDAN VALLEY INTERNAL MED PO BOX 150

WEST JORDAN UT 84084-150

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

<u> </u>	CHAF	RGES 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
		XXXXXXXX XXXXXX XXXXXX-XXX-	X				
072508	ZACKRISON	Filed with IHC OFFICE/OUTPATIENT VISIT EST CASH PAYMENT	073108 072508	88.00		15.00-	
072508	ZACKRISON	PATIENT RESPONSIBLE ROUTINE VENIPUNCTURE PATIENT RESPONSIBLE	022709	17.00			73.00 17.00

Statement		OFFICE, PLEASE INDICA	FE YOUR ACCOUNT NUMBER:	xxxxxxx
Closing Date: 06/18/2	010		OR STATEMENT NUMBER:	xxxxxx
BALANCE 30 DAYS AND UNDER	BALANCE OVER 30 DAYS	BALANCE OVER 60 DAYS	BALANCE OVER 90 DAYS 90.00	PATIENT RESPONSIBLE NEW BALANCE 90.00

PO BOX 150

WEST JORDAN UT 84084-150