

ITEMIZATION OF ACCOUNT

 Date: 01/15/21
 Patient Name:
 Account Number:
 Location: Gulf Breeze Hospital
 Admit/Service Date: 01/04/21
 Insurance 1: MEDICARE
 Insurance 2: AARP MEDICARE SUPPLEMENT

 BHC will bill the listed insurance on your behalf.
 Any patient balance remaining you will receive a statement.

#00145

 *****SNGLP
 145 1 SP 0.500

 Last Name, First Name
 1000 West Moreno Street
 Pensacola, FL 32501

THIS IS NOT A BILL

THIS STATEMENT OF ACCOUNT IS FOR INFORMATION PURPOSES ONLY. YOU WILL RECEIVE AN UPDATED STATEMENT ONCE YOUR INSURANCE HAS RESPONDED.

PATIENT NAME	ACCOUNT NUMBER	For additional information on Baptist Health Care financial policies please see www.ebaptisthealthcare.org

Reference #	Description	Total Amount	Insurance Portion	Patient Portion
01101039	PRIVATE	1070.00	1070.00	
01101039	PRIVATE	1070.00	1070.00	
04090122	MORPHINE INJ 10MG SDV	73.00	73.00	
09295361	OXYGEN PER HR	26.00	26.00	
01101039	PRIVATE	1070.00	1070.00	
01101039	PRIVATE	1070.00	1070.00	
01101039	PRIVATE	1070.00	1070.00	
01101039	PRIVATE	1070.00	1070.00	
01388065	COMPLETE CBC AUTOMATED	151.00	151.00	
02130110	CL VENOUS BLD BY VENIPUNCTURE	10.00	10.00	
01190404	BASIC METABOLIC CALCIUM TOTAL	158.00	158.00	
	Total	6838.00	6838.00	

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 For information on our interest free financing option through CarePayment, or questions regarding this statement, please call our customer service department at 850-908-2000 or email billing@bhcpns.org.

