

Address Service Requested

1756398164923610296599647236927569
Responsible Party:
Bill Johnson
100 New Road
Omaha, NE 68000-4232

If paying by Credit Card, Fill out below.

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMEX
Card Number		Amount	
Signature		Exp. Date	
STATEMENT DATE	AMOUNT DUE	AMOUNT PAID*	
6/19/04	\$1840.00		
DUE DATE			
7/02/04			

Pay online at <https://secure.nebraskamed.com>
*See reverse side for payment posting information

1234549876547166546446
Send Payment to:
Patient Financial Services
PO Box 3839
Omaha, NE 68103-0839

Responsible Party ID: 12345678

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

Please detach and return the above portion with your payment

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THIS BILL IS FOR HOSPITAL CHARGES ONLY

Patient: Bill Johnson				
Dates of Service: 2/1/04-2/4/04		Account # 00867530920001		Type of Service: In Pt
Description	Charges	Transaction Date	Payments/ Adjustments	Patient Balance Due
Surgery	\$10,000.00			\$600.00
Anesthesia	\$3,000.00			
Lab	\$1,200.00			
Pharmacy	\$400.00			
BCBS Adjustment		3/30/04	\$-9000.00	
BCBS Payment		3/30/04	\$-4600.00	
Charges Added	\$445.00			
BCBS Adjustment		4/18/04	\$-145.00	
BCBS Payment		4/18/04	\$-250.00	
Pt Payment Check #1034		4/25/04	\$-450.00	
Totals	\$15,045.00		\$-14,445.00	
Patient: Bill Johnson				
Date of Service: 5/4/04		Account # 00867530920001		Type of Service: Out Pt
Description	Charges	Transaction Date	Payments/ Adjustments	Patient Balance Due
Radiology	\$1443.00			\$300.00
BCBS Adjustment		6/3/04	\$-443.00	
BCBS Payment		6/3/04	\$-700.00	
Totals	\$1443.00		\$-1143.00	