

MAKE CHECKS PAYABLE TO:



P.O. BOX 2498
SALISBURY, MD
21802-2498

30382



0101

RETURN SERVICE REQUESTED

PAGE: 1 of 1

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
<input type="checkbox"/> DISCOVER	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
ACCOUNT NUMBER	PAY THIS AMOUNT	STATEMENT DATE
2002909473		02/20/10
FED. ID No. 52-0591628		SHOW AMOUNT PAID HERE \$

652549C

THOMAS W WELSH
224 NORTH CLAIRMONT
SALISBURY, MD 21801-6309

PENINSULA REGIONAL MEDICAL CENTER
P.O. BOX 2498
SALISBURY, MD 21802-2498

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Please check box if insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

PATIENT NAME: THOMAS W WELSH
ACCT.#: 2002909473

ADMIT DATE: 02/15/10

STATEMENT DATE: 02/20/10

DESCRIPTION	CHARGES
SEMI ROOM AND BOARD	1,540.00
ADMISSION SERVICES	131.00
PHARMACY	27.96
MEDICAL SURG SUPP	14,145.24
LABORATORY	161.50
RADIOLOGY/DIAG	75.50
OPERATING ROOM SER	2,856.00
ANESTHESIA	260.61
RESPIRATORY SERVICES	53.65
PHYSICAL THERAPY	730.00
OCCUPATIONAL THERAPY	192.00
DRUGS REQ HCPCS II	237.93
DRUG-EVAL ADMINISTR	496.64
TOTAL CHARGES	20,908.03
TOTAL ADJUSTMENTS	.00
TOTAL PAYMENTS	.00
BALANCE	20,908.03

BC BS FLORIDA

THIS BILL/STATEMENT IS FOR HOSPITAL AND AFFILIATED PHYSICIAN SERVICES ONLY. YOU MAY RECEIVE SEPARATE BILLS FROM OTHER PHYSICIANS

YOUR ACCOUNT IS BEING BILLED TO THE CARRIER SHOWN ABOVE. PLEASE VERIFY THE INFORMATION AND CALL 410-543-7436 OR 800-235-8640 TO MAKE CORRECTIONS.

IMPORTANT MESSAGES

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