

Northwest Community Hospital

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL	NORTHWEST COMMUNITY HOSPITAL 800 W CENTRAL ARLINGTON HTS, IL 847 618-4747 FBI # 362340313		60005-2349 BIRTH-DATE 03/19/70	HOSP. NO. 124
CYCLE 07/13/12			PATIENT NAME DULBERG, PAUL	PATIENT NUMBER 71265382	SEX M	AGE 42
			ADMISSION DATE 07/09/12	DISCHARGE DATE	DAYS	
GUARANTOR			INSURANCE COMPANY NAME			
NAME PAUL R DULBERG			1 SELF PAY			
AND 4606 HAYDEN COURT			GROUP NUMBER			
ADDRESS MCHEERY IL 60051			POLICY NUMBER 00000			
			SAGERMAN, SCOTT D MD			
PLEASE RETURN THIS PORTION WITH YOUR PAYMENT.						
AMOUNT OF PAYMENT						\$

DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2	EST. COVERAGE INS. CO. NO. 3	EST. COVERAGE INS. CO. NO. 4	PATIENT AMOUNT
DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS								
07/09	001 NEUROLYSIS		1559.00					1559.00
07/09	001 ULNAR NERVE REPAIR		3817.00					3817.00
07/09	001 BLOCK, SUPRACLAVICULAR		479.00					479.00
07/09	001 US ECHO GUIDE FOR BIO		511.00					511.00
BALANCE FORWARD			0.00					
SUMMARY OF CURRENT CHARGES								
	OPERATING ROOM		5855.00					5855.00
	IMAGING/X-RAY		511.00					511.00
SUB-TOTAL OF CURR. CHARGES			6366.00					6366.00
THIS IS THE ONLY ITEMIZED BILL YOU WILL RECEIVE. PLEASE RETAIN FOR YOUR RECORDS. WE ARE BILLING THE INSURANCE THAT IS LISTED ABOVE. IF SELF PAY IS LISTED, AND YOU DO HAVE INSURANCE, PLEASE CALL 847-618-4747.								
PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.		ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.				PAY THIS AMOUNT	
71265382							6366.00	

NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HTS, IL

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GUARANTOR NAME	PAUL R DULBERG		INSURANCE COMPANY NAME	1 SELF PAY		GROUP NUMBER	00000		
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NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HTS, IL

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