

Hendrick

MEDICAL CENTER

Statement of Account

Patient Name	Account Number	Admit Date	Discharge Date	Statement Date
DENISON, IDA M	3000296-001	07/07/97	07/21/97	12/08/97

Please Refer to Back of Book and See How Much Money All Members and Your Families Can Save by Paying with a Check or Debit Card.

Bill To

Remit To

Tax ID Number 750627-026

DENISON, IDA M
RT 1

OLD GLORY TX 79540

Hendrick Medical Center
1242 North 19th Street
Abilene, Texas 79601-2316

Make Checks Payable To Hendrick Medical Center

Pay This Amount

11838.12

IMPORTANT: Please Detach And Return the Top Portion of This Statement With Your Remittance To Assure Proper Credit

Patient Name

Account Number

Statement Date

Page No.

DENISON, IDA M

3000296-001

12/08/97

001

Transaction Date	Description	Procedure	DRG	Amount
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Please Refer to Back of Book

Please Refer to Back of Book and See How Much Money All Members and Your Families Can Save by Paying with a Check or Debit Card.

Please Refer to Back of Book and See How Much Money All Members and Your Families Can Save by Paying with a Check or Debit Card.

915 670-2437 OR 915 670-2438 OR LONG DISTANCE: TOLL FREE 1-800-670-0412

Please Refer to Back of Book and See How Much Money All Members and Your Families Can Save by Paying with a Check or Debit Card.

Account Balance

11838.12

Insurance Claims
Outstanding

.00

Pay This Amount

11838.12

Please Refer to Back of Book and See How Much Money All Members and Your Families Can Save by Paying with a Check or Debit Card.



Hendrick

MEDICAL CENTER

1242 North 19th Street, Abilene, Texas 79601-2316

Important Information (See Reverse Side)

DENISON, IDA M

RT 1

OLD GLORY

TX 79540

001311

V.H. Shultz, M.D. Surinder J. Singh, M.D.
 J.D. Ramsey, M.D. John M. Harper, M.D.
 Johnny Bliznak, M.D. Timothy W. Lillick, M.D.
 Ram Kilari, M.D. Wm. Michael Matthew, D.O.
 M.D. Montgomery, M.D.

STATEMENT DATE 10/03/97

Radiology Associates of Abilene, P.A.
 P.O. Box 2898
 Abilene, Texas 79604-2898

DENISON, IDA 01 082007
 Patient Name Account No.
HARDWICKE MD, ALAN
 Referring Physician Page No.
HENDRICK MEDICAL CENTER
 Hospital/Service Site

(915) 677-2201 Tax ID# 75-1292603

Date	Proc. Code	POS	Explanation of Activity	Charges & Debits	Payments & Credits	Balance
09/22/97			PMT-INSURANCE		0.00	4281.80
09/29/97			PMT-INSURANCE		0.00	4281.80
09/29/97			PMT-INSURANCE		0.00	4281.80
07/16/97	71010-26	I	CHEST 1 VIEW	30.00		4311.80
09/22/97			PMT-INSURANCE		0.00	4311.80
09/29/97			PMT-INSURANCE		0.00	4311.80
09/29/97			PMT-INSURANCE		0.00	4311.80
07/17/97	71010-26	I	CHEST 1 VIEW	30.00		4341.80
09/22/97			PMT-INSURANCE		0.00	4341.80
09/29/97			PMT-INSURANCE		0.00	4341.80
09/29/97			PMT-INSURANCE		0.00	4341.80
07/18/97	71010-26	I	CHEST 1 VIEW	30.00		4371.80
09/22/97			PMT-INSURANCE		0.00	4371.80
09/29/97			PMT-INSURANCE		0.00	4371.80
09/29/97			PMT-INSURANCE		0.00	4371.80
07/19/97	71010-26	I	CHEST 1 VIEW	30.00		4401.80
09/22/97			PMT-INSURANCE		0.00	4401.80
09/29/97			PMT-INSURANCE		0.00	4401.80
09/29/97			PMT-INSURANCE		0.00	4401.80
07/20/97	71010-26	I	CHEST 1 VIEW	30.00		4431.80
09/29/97			PMT-INSURANCE		0.00	4431.80
09/29/97			PMT-INSURANCE		0.00	4431.80
08/22/97	MUTUAL OF OMAHA DENIED PAYMENT FOR 7-7-97 STATING MAXIMUM					
08/22/97	BENEFITS HAVE PREVIOUSLY BEEN ALLOWED.					
09/09/97	MUTUAL OF OMAHA DENIED PAYMENT. PLEASE MAKE PAYMENTS ON					
09/09/97	YOUR ACCOUNT. THANK YOU.					
09/23/97	MUTUAL OF OMAHA DENIED PAYMENT.					
09/29/97	MUTUAL OF OMAHA HAS DENIED PAYMENT. PLEASE MAKE PAYMENTS					
09/29/97	ON THIS ACCOUNT.					

NOTE INSURANCE PAYMENT HAS BEEN RECEIVED. PLEASE REMIT BALANCE
 WE DO ACCEPT MASTERCARD, VISA, & DISCOVER

001312

V.H. Shultz, M.D.
J.D. Ramsey, M.D.
Johnny Bliznak, M.D.
Ram Kilaru, M.D.
M.D. Montgomery, M.D.

Surinder J. Singh, M.D.
John M. Harper, M.D.
Timothy W. Lillick, M.D.
Wm. Michael Matthew, D.O.

STATEMENT DATE 10/03/97

Radiology Associates of Abilene, P.A.
P.O. Box 2898 #
Abilene, Texas 79604-2898

DENISON, IDA 01 082007
Patient Name Account No
TALIAFERRO MD, LEIGH
Referring Physician Page No
SUBMITTED BILLING
Hospital/Service Site
1445

(915) 677-2201 Tax ID# 75-1292603

Please Make Checks Payable to Radiology Associates

METHOD OF PAYMENT	
<input type="checkbox"/> Payment Enclosed	
Charge My Credit Card	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover
Account No.	Exp. Date
Cardholder Signature	Date

IDA DENISON
RT 1 BOX 84
OLD GLORY TX 79540-9726
|||||

SHOW AMOUNT \$
PAID HERE

DETACH HERE AND RETURN TOP PORTION WITH PAYMENT TO INSURE PROPER CREDIT

Charges Appearing On This Statement Are Not Included On Any Hospital Bill Or Statement

Date	Proc. Code	POS	Explanation of Activity	Charges & Debits	Payments & Credits	Balance
07/02/97	76700-26	E	ABDOMINAL SONOGRAM COMPLETE	125.00		125.00
08/12/97			PMT-INSURANCE		23.00	102.00
08/12/97			PMT-INSURANCE		0.00	102.00
09/29/97			PMT-INSURANCE		0.00	102.00
09/29/97			PMT-INSURANCE		0.00	102.00
07/02/97	74022-26	E	ABD W/AP CHEST - ACUTE ABD SERIES	44.00		146.00
08/12/97			PMT-INSURANCE		0.00	146.00
09/29/97			PMT-INSURANCE		0.00	146.00
09/29/97			PMT-INSURANCE		0.00	146.00
07/02/97	74000-26	E	ABDOMEN 1 VIEW	32.00		178.00
08/12/97			PMT-INSURANCE		0.00	178.00
09/29/97			PMT-INSURANCE		0.00	178.00
09/29/97			PMT-INSURANCE		0.00	178.00
07/07/97	71010-26	I	CHEST 1 VIEW	30.00		208.00
08/22/97			PMT-INSURANCE		0.00	208.00
09/29/97			PMT-INSURANCE		0.00	208.00
09/29/97			PMT-INSURANCE		0.00	208.00
07/05/97	74170-26	I	CT ABDOMEN W & W/O CONTRAST	240.00		448.00
08/18/97			PMT-INSURANCE		185.60	262.40
09/29/97			PMT-INSURANCE		0.00	262.40
09/29/97			PMT-INSURANCE		0.00	262.40
07/22/97	71010-26	O	CHEST 1 VIEW	30.00		292.40
09/29/97			PMT-INSURANCE		0.00	292.40
09/29/97			PMT-INSURANCE		0.00	292.40
07/23/97	71010-26	O	CHEST 1 VIEW	30.00		322.40
09/29/97			PMT-INSURANCE		0.00	322.40
09/29/97			PMT-INSURANCE		0.00	322.40

NOTE

001313

V.H. Shoultz, M.D.
J.D. Ramsey, M.D.
Johnny Bliznak, M.D.
Ram Kilaru, M.D.
M.D. Montgomery, M.D.

Surinder J. Singh, M.D.
John M. Harper, M.D.
Timothy W. Lillick, M.D.
Wm. Michael Matthew, D.O.

STATEMENT DATE 10/03/97

Radiology Associates of Abilene, P.A.
P.O. Box 2898
Abilene, Texas 79604-2898

DENISON, IDA 01 082007
Patient Name Account No.
PATE MD, PRESTON
Referring Physician Page No.
HENDRICK MEDICAL CENTER
Hospital/Service Site

(915) 677-2201 Tax ID# 75-1292603

Date	Proc. Code	POS	Explanation of Activity	Charges & Debits	Payments & Credits	Balance
07/23/97	74000-26	O	ABDOMEN 1 VIEW	32.00		354.40
09/29/97			PMT-INSURANCE		0.00	354.40
09/29/97			PMT-INSURANCE		0.00	354.40
07/07/97	71020-26	I	CHEST 2 VIEWS	34.00		388.40
08/22/97			PMT-INSURANCE		0.00	388.40
09/29/97			PMT-INSURANCE		0.00	388.40
09/29/97			PMT-INSURANCE		0.00	388.40
07/07/97	74020-26	I	ABD COMPLETE W/ DECUB &/OR ERECT	43.00		431.40
08/22/97			PMT-INSURANCE		0.00	431.40
09/29/97			PMT-INSURANCE		0.00	431.40
09/29/97			PMT-INSURANCE		0.00	431.40
07/08/97	71260-26	I	CT CHEST W/CONTRAS	200.00		631.40
09/29/97			PMT-INSURANCE		0.00	631.40
09/29/97			PMT-INSURANCE		0.00	631.40
07/21/97	74000-26	I	ABDOMEN 1 VIEW	32.00		663.40
09/29/97			PMT-INSURANCE		0.00	663.40
09/29/97			PMT-INSURANCE		0.00	663.40
07/24/97	76856-26	I	PELVIC SONOGRAM	98.00		761.40
09/29/97			PMT-INSURANCE		0.00	761.40
09/29/97			PMT-INSURANCE		0.00	761.40
07/08/97	71010-26	I	CHEST 1 VIEW	30.00		791.40
09/29/97			PMT-INSURANCE		0.00	791.40
09/29/97			PMT-INSURANCE		0.00	791.40
07/08/97	78585-26	I	PERFUSION VENTILAT SCAN REBREATHING	184.00		975.40
09/29/97			PMT-INSURANCE		0.00	975.40
09/29/97			PMT-INSURANCE		0.00	975.40
07/09/97	71010-26	I	CHEST 1 VIEW	30.00		1005.40
09/29/97			PMT-INSURANCE		0.00	1005.40

NOTE

001314

V.H. Shoultz, M.D.
J.D. Ramsey, M.D.
Johnny Bliznak, M.D.
Ram Kilaru, M.D.
M.D. Montgomery, M.D.

Surinder J. Singh, M.D.
John M. Harper, M.D.
Timothy W. Lillick, M.D.
Wm. Michael Matthew, D.O.

STATEMENT DATE 10/03/97

Radiology Associates of Abilene, P.A.
P.O. Box 2898
Abilene, Texas 79604-2898

DENISON, IDA 01 082007
Patient Name Account No.
PATE MD, PRESTON
Referring Physician Page No.
HENDRICK MEDICAL CENTER
Hospital/Service Site

(915) 677-2201 Tax ID# 75-1292603

Date	Proc. Code	POS	Explanation of Activity	Charges & Debits	Payments & Credits	Balance
09/29/97			PMT-INSURANCE		0.00	1005.40
07/09/97	71010-26	I	CHEST 1 VIEW	30.00		1035.40
09/29/97			PMT-INSURANCE		0.00	1035.40
09/29/97			PMT-INSURANCE		0.00	1035.40
07/10/97	37620	I	INTERRUPTION OF INFERIOR VENA CAVA	2300.00		3335.40
09/22/97			PMT-INSURANCE		0.00	3335.40
09/22/97			PMT-INSURANCE		462.60	2872.80
09/29/97			PMT-INSURANCE		0.00	2872.80
09/29/97			PMT-INSURANCE		0.00	2872.80
07/10/97	36010	I	INTRO CATHETER VENACAVA	425.00		3297.80
09/22/97			PMT-INSURANCE		0.00	3297.80
09/29/97			PMT-INSURANCE		0.00	3297.80
09/29/97			PMT-INSURANCE		0.00	3297.80
07/10/97	75940-26	I	PERCUTANEOUS PLACE IVC FILTER S&I	235.00		3532.80
09/22/97			PMT-INSURANCE		0.00	3532.80
09/29/97			PMT-INSURANCE		0.00	3532.80
09/29/97			PMT-INSURANCE		0.00	3532.80
07/10/97	75825-26	I	VENOGRAPHY CAVAL INFERIOR S&I	242.00		3774.80
09/22/97			PMT-INSURANCE		0.00	3774.80
09/29/97			PMT-INSURANCE		0.00	3774.80
09/29/97			PMT-INSURANCE		0.00	3774.80
07/10/97	49080	I	ABD PARACENTESIS	155.00		3929.80
09/22/97			PMT-INSURANCE		0.00	3929.80
09/29/97			PMT-INSURANCE		0.00	3929.80
09/29/97			PMT-INSURANCE		0.00	3929.80
07/10/97	76934-26	I	ULTRASOUND GUIDED THORA/ABD CENTESIS	115.00		4044.80

NOTE

001315

J.D. Ramsey, M.D.
Johnny Bliznak, M.D.
Ram Kilaru, M.D.
M.D. Montgomery, M.D.

John M. Harper, M.D.
Timothy W. Lillick, M.D.
Wm. Michael Matthew, D.O.

STATEMENT DATE 10/03/97

Radiology Associates of Abilene, P.A.
P.O. Box 2898
Abilene, Texas 79604-2898

DENISON, IDA 01 082007
Patient Name Account No.
TALIAFERRO MD, LEIGH
Referring Physician Page No.
HENDRICK MEDICAL CENTER
Hospital/Service Site

(915) 677-2201 Tax ID# 75-1292603

Date	Proc. Code	POS	Explanation of Activity	Charges & Debits	Payments & Credits	Balance
09/22/97			PMT-INSURANCE		0.00	4044.80
09/29/97			PMT-INSURANCE		0.00	4044.80
09/29/97			PMT-INSURANCE		0.00	4044.80
07/11/97	71010-26	I	CHEST 1 VIEW	30.00		4074.80
09/22/97			PMT-INSURANCE		0.00	4074.80
09/29/97			PMT-INSURANCE		0.00	4074.80
09/29/97			PMT-INSURANCE		0.00	4074.80
07/11/97	74022-26	I	ABD W/AP CHEST - ACUTE ABD SERIES	44.00		4118.80
09/22/97			PMT-INSURANCE		0.00	4118.80
09/29/97			PMT-INSURANCE		0.00	4118.80
09/29/97			PMT-INSURANCE		0.00	4118.80
07/12/97	71010-26	I	CHEST 1 VIEW	30.00		4148.80
09/22/97			PMT-INSURANCE		0.00	4148.80
09/29/97			PMT-INSURANCE		0.00	4148.80
09/29/97			PMT-INSURANCE		0.00	4148.80
07/12/97	74020-26	I	ABD COMPLETE W/ DECUB &/OR ERECT	43.00		4191.80
09/22/97			PMT-INSURANCE		0.00	4191.80
09/29/97			PMT-INSURANCE		0.00	4191.80
09/29/97			PMT-INSURANCE		0.00	4191.80
07/13/97	71010-26	I	CHEST 1 VIEW	30.00		4221.80
09/22/97			PMT-INSURANCE		0.00	4221.80
09/29/97			PMT-INSURANCE		0.00	4221.80
09/29/97			PMT-INSURANCE		0.00	4221.80
07/14/97	71010-26	I	CHEST 1 VIEW	30.00		4251.80
09/22/97			PMT-INSURANCE		0.00	4251.80
09/29/97			PMT-INSURANCE		0.00	4251.80
09/29/97			PMT-INSURANCE		0.00	4251.80
07/15/97	71010-26	I	CHEST 1 VIEW	30.00		4281.80

NOTE

001316

BALANCE DUE CONT'D

Thank You! Radiology Associates 401 Cypress Ste 110 Abilene, TX 79601

FRED A WHITE MD.ENDO ASSOC
2125 PINE
ABILENE TX 79601

05/21/98

STATEMENT DATE

DATE	DESCRIPTION	CHARGES	PAYMENTS & CREDITS
FOR	IDA DENISON NO PAYMENTS FOR THIS STATEMENT		

PREVIOUS BALANCE	TOTAL PAYMENTS & CREDITS	CURRENT CHARGES	PAY THIS AMOUNT
130.76	0.00	0.00	130.76

IDA H DENISON

RT 1

OLD GLORY, TX 79540

91

FRED A WHITE MD.ENDO ASSOC
2125 PINE
ABILENE, TX 79601-

ACCOUNT NO.

001317

G TOBY WILLIAMS MD
PO BOX 1680
ABILENE, TX 79604
915-672-1530

DENISON, IDA M
RT 1
OLD GLORY, TX 79540

Monthly Statement
Summary of Account # 002714 as of 07/16/98

Date	Description	Patient	Charges	Payments	Credits	Balance
	Previous Balance					\$ 240.00
06/30/98	MD0 PD \$0 7/21-24		\$ 0.00	\$ 0.00	\$ 0.00	\$ 240.00 W
Aging:	Current	31-60 days	61-90 days	91-120 days	121+ days	Total
07/16/98	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 240.00	Due: \$ 240.00

=====

= Please note this account is over 120 days past due =

= and is being placed for collection. =

=====

An explanation of charges
was furnished at the
time of your visit.

Please make your check payable to: G TOBY WILLIAMS MD

* THANK YOU *

001318

ENDOCRINOLOGY ASSOCIATES

2125 PINE STREET
ABILENE, TEXAS 79601
—
TELEPHONE (915) 677-5201

FRED A. WHITE, M.D., F.A.C.P.

DIPLOMATE, AMERICAN BOARD OF INTERNAL MEDICINE
ENDOCRINOLOGY & DIABETOLOGY

DATE 2-25-98

BALANCE \$ 130.76

Oda Lencson

YOUR ACCOUNT IS PAST DUE. YOU HAVE RECEIVED SEVERAL
STATEMENTS AND HAVE NOT RESPONDED TO ANY.

IF YOU HAVE NOT CONTACTED THIS OFFICE AND PAID YOUR BILL OR SET
UP A PAYMENT PLAN WITHIN 10 DAYS OF THIS LETTER, WE MAY FILE
SUIT IN COURT AGAINST YOU. YOU WILL PROBABLY RECEIVE A
JUDGMENT AGAINST YOU. THE EXPENSE OF THE COURT COST WILL BE
YOUR RESPONSIBILITY ALSO.

PLEASE SETTLE YOUR ACCOUNT IMMEDIATELY.

SINCERELY,

Lee Ann Edwards

LEE ANN EDWARDS
OFFICE MANAGER

001319