

SUNRISE HOSPITAL AND MC
PO BOX 403399
ATLANTA, GA 30384-3399

HURST TIFFAN 00009918555401541000000585739

STATEMENT DATE 03/19/09 PAGE 1 OF 1

ACCOUNT NUMBER	PATIENT NAME	STATEMENT PERIOD
99185554	HURST MAY ROSE	OUTPATIENT 02/09/09 TO 02/28/09

AMOUNT DUE
\$585.73

HURST TIFFANI
3116 VILLA COLONADE
LAS VEGAS NV 89128

MAIL PAYMENT TO
SUNRISE HOSPITAL
01541
P.O. BOX 740766
CINCINNATI OH 45274-0766



TO VIEW/PAY YOUR ACCOUNT VIA THE INTERNET SEE THE WEB ADDRESS BELOW
TO RECEIVE PROPER CREDIT, PLEASE RETURN THIS PORTION WITH YOUR PAYMENT
NOTE: SHOULD YOU WISH TO PAY BY CREDIT CARD, SEE AUTHORIZATION NOTICE ON THE BACK.



SUMMARY OF ACCOUNT



SUNRISE HOSPITAL AND MC PO BOX 403399 ATLANTA, GA 30384-3399					STATEMENT DATE 03/19/09		
STATEMENT PERIOD		PATIENT NAME			ACCOUNT NUMBER		
02/09/09 TO 02/28/09		HURST MAY ROSE			99185554		
THE INSURANCE CLAIMS OUTSTANDING REPRESENTS OUR ESTIMATE OF INSURANCE LIABILITY BASED ON OUR BEST INFORMATION							
ACCOUNT BALANCE LAST STATEMENT	NEW CHARGES OR ADJUSTMENTS	NEW PAYMENTS OR CREDITS	NEW ACCOUNT ADJUSTMENTS	INSURANCE CLAIMS OUTSTANDING	AMOUNT DUE		
0.00	9111.60	3633.67	4892.20	0.00	\$585.73		
DATE	DESCRIPTION	UNITS	AMOUNT	DATE	DESCRIPTION	UNITS	AMOUNT
02/28/09	OUTPATIENT SERVICES			02/09/09	FILGRASTIM 300 MCG	1	814.00
02/09/09	ADMIN PNEUMOCOCCAL VAC	1	82.00	02/09/09	IMMUNIZ ADMIN EA ADDTL	2	74.00
02/09/09	COLL BLOOD IMPLANTED VAD	1	107.00	02/09/09	PNEUMOCOCCAL VAC CHILD<5	1	471.00
02/09/09	ACTHIB VAC 10MCG	1	151.00	02/09/09	PEDIARIX VAC 0.5ML SYR	1	423.00
02/09/09	ANTIBODY SCREEN EA	1	172.00	02/09/09	ABO TYPE	1	75.00
02/09/09	RH TYPE	1	75.00	02/09/09	CROSSMATCH IMM SPIN	3	1,188.00
02/09/09	NOR SAL 250 CC	1	26.00	02/09/09	PRBC LR CMV NEG	1	513.00
02/09/09	IRRADIATION BLD EA	1	83.00	02/09/09	BLOOD TRANSFUSION	1	677.00
02/09/09	SET BLD 1 PORT 2477-0007	1	117.80	02/25/09	HEMOGRAM W PLT NO DIFF	1	136.00
02/25/09	COLL BLOOD IMPLANTED VAD	1	107.00	02/25/09	ANTIBODY SCREEN EA	1	172.00
02/25/09	INH TX AC AWY OBST	1	352.00	02/25/09	ABO TYPE	1	75.00
02/25/09	RH TYPE	1	75.00	02/25/09	RETIC COUNT AUTO	1	265.00
02/25/09	CROSSMATCH IMM SPIN	1	396.00	02/25/09	CULTURE BLOOD	1	664.00
02/25/09	BMP TOTAL CALCIUM	1	435.00	02/25/09	PRBC LR	1	446.00
02/25/09	HEPAR PF 100U/ML 5ML SYR	1	8.00	02/25/09	BLOOD TRANSFUSION	1	677.00
02/25/09	MANUAL DIFFERENTIAL	1	137.00	02/25/09	SET BLD 1 PORT 2477-0007	1	117.80
03/12/09	BC ERA NEVADA PYMT		3,633.67-		TOTAL CHARGES		9,111.60
03/12/09	CONTRACTUAL ADJ		6,287.59	02/28/09	CONTRACTUAL ADJ		6,287.59-
				03/12/09	CONTRACTUAL ADJ		4,892.20-
					TOTAL ADJUSTMENTS		4,892.20-
					ACCOUNT BALANCE		585.73
					DUE FROM PATIENT		585.73
03/05/09	BC FED ACTIVE EMP PPO BILLED						

TO VIEW/PAY YOUR ACCT VIA WEB: www.sunrisehospital.com/bill.asp
IF YOU HAVE QUESTIONS REGARDING YOUR ACCOUNT, PLEASE CALL: 800-307-7595

THANK YOU FOR CHOOSING OUR FACILITY AS YOUR HEALTHCARE PROVIDER
A DETAILED DAILY ITEMIZATION OF THIS STATEMENT IS AVAILABLE UPON REQUEST.

THIS BILL IS FOR HOSPITAL SERVICES ONLY