

42686

STATEMENT

UNIVERSITY HEALTH SYSTEM
2040 W. Charleston
Suite 402
Las Vegas NV 89102

3091e
5372M
WE12

If you have insurance it has been billed. You only receive a statement when the balance becomes patient balance.
Thank you

Please Include Security Code From Back Of Card
CHECK CARD USING FOR PAYMENT

MASTERCARD VISA VISA

CARD NUMBER	EXP. DATE
CARDHOLDER NAME	SECURITY CODE
SIGNATURE	AMOUNT

ADDRESS SERVICE REQUESTED

MAYROSE HURST

REMIT TO:

UNIVERSITY HEALTH SYSTEM
2040 W CHARLESTON BLVD STE 402
LAS VEGAS NV 89102-2250



>39136 7333556 001 092096
TIFFANI HURST
3116 VILLA COLONADE
LAS VEGAS NV 89128

PLEASE RETURN THIS PORTION WITH PAYMENT

Office Phone Number (702) 671-2330	Statement Date 08/11/09	Your Account Number 042686	Page No. 01	Patient Balance 31.88	SHOW AMOUNT PAID HERE \$
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CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	PROVIDER / REFERRING PROVIDER EXPLANATION OF ACTIVITY	PATIENT NAME	CHARGES AND DEBITS	INSURANCE PENDING	PAYMENTS AND CREDITS	PATIENT BALANCE
	EZEANOLUE MD/RASHID					
012309	CPT: 99255 HOSPITAL INIT CONSULT I/P	MAYROSE	379.63			
031209	ROCKY MOUNTAIN HEALTH BC/BS # 186498	Filed		0.00		
040709	PAYMENT BC/BS OF NEVADA c# 1864981				-180.69	
040709	WRITE-OFF BC/BS OF c# 1864981				-167.06	
040709	Co-ins 31.88					
*****	Visit Totals:		379.63	0.00	-347.75	31.8

KidsHealthcare for billing questions or payment arrangements, call 671-2330

Statement Date: 08/11/09 PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE: 042686

CURRENT	30-60 DAYS	60-90 DAYS	> 90 DAYS	TOTAL	INS PENDING	PATIENT BALANCE PAY THIS AMOUNT
			31.88	31.88	0.00	31.88

END INQUIRIES / PAYMENTS TO:
UNIVERSITY HEALTH SYSTEM
2040 W. Charleston
Suite 402
Las Vegas NV 89102
(702) 671-2330

39136 7333556 039137 039137 00001/00001
320966902

NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

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