

Morro Bay • Paso Robles • San Luis Obispo



**IN EMERGENCY DIAL 911**

BILL TO

BEAL, ARTURO  
881 HILLCREST  
CAMBRIA, CA. 93428

## PATIENT

\* BEAL, ARTURO  
881 HILLCREST  
CAMBRIA, CA. 93428

(SEE REVERSE SIDE)

CASE NO.	TICKET NO.
86-1073	M32786
PAY PLAN	DATE
01	05-12-86

CASE NO.	TICKET NO.
86-1073	M32786
PAY PLAN	DATE
01	05-12-86

TEAR HERE  
RETURN THIS PART

BEAL, ARTURO

### Make Checks Payable To

**SAN LUIS AMBULANCE SERVICE, INC.**

DATE	DESCRIPTION OF SERVICE	CODE	CHARGES	DATE MO. DAY YR.	SERVICES	CODE	CHARGES
03-05-86	AMBULANCE SERVICE FROM 889 MORRO BAY BLVD IN FRONT OF, MORRO BAY, CALIF. TO GENERAL HOSPITAL, 2180 JOHNSON AVE, SAN LUIS OBISPO, CALIF. BASE RATE-A.L.S.	31P	310.00	030586	BASEAL	31P	310.00
	MILEAGE 14 @ \$6.75	32A	94.50		MILES	32A	94.50
	OXYGEN, PER TANK	34A	32.50		OXYGEN	34A	32.50
03-28-86	MEDICARE PAYMENT	3I	-243.94	032886	\$MCAR	3I	-243.94
03-28-86	MEDI-CARE WRITE-OFF	4H	-57.06	032886	-MCAR	4H	-57.06
<b>San Luis Ambulance Service, Inc.</b> <b>3220 S. Higuera, #325</b> <b>P.O. Box 954</b> <b>San Luis Obispo, CA 93406</b>							
<b>PLEASE REMIT</b>							
AAAA*AA							
<b>TERMS: A CHARGE OF 1½% PER MONTH APPLIED TO ALL PAST DUE ACCOUNTS (18% PER ANNUM).</b>		<b>AMOUNT DUE</b>	<b>136.00</b>	<b>051286</b>	<b>PAY THIS AMOUNT</b>		<b>136.00</b>
IRS # 95-2999699      Ambulance rates approved by the San Luis Obispo County Board of Supervisors. Pursuant to Section 6.60.060 of County Ordinance No. 2135.							

ATTACH STICKER HERE

**P.O.E.**

MONTHS OF SERVICE ONLY



**We Honor**



**For Charge Information Call 543-2626**

MEDICARE PATIENTS INCLUDE  
MEDICARE NUMBER

I hereby assign my insurance benefits covering  
medical transportation to San Luis Ambulance  
Service, Inc.

Signed \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Address \_\_\_\_\_

Policy # \_\_\_\_\_

Group # \_\_\_\_\_

Cert. # \_\_\_\_\_

Subscriber # \_\_\_\_\_

Employer \_\_\_\_\_

### MEDICARE PATIENTS

WE HAVE RECEIVED MEDICARE PAYMENT. AS MEDICARE PAYS 80% OF THEIR ALLOWABLE CHARGES, WE HAVE BILLED YOU FOR ONLY THE 20% NOT PAID. THE WRITE-OFF FACTOR IS A COURTESY WE EXTEND TO MEDICARE PATIENTS.

### MEDIC-CAL PATIENTS

IN ORDER TO BILL MEDI-CAL FOR SERVICES, WE MUST HAVE THE CORRECT P.O.E. STICKER WITHIN 10 DAYS OR PATIENT WILL BE RESPONSIBLE FOR THE CHARGES.

### PRIVATE INSURANCE & WORKERS COMP.

YOU MAY BILL YOUR INSURANCE YOURSELF UTILIZING THIS ITEMIZED STATEMENT. IF YOU WISH US TO BILL YOUR INSURANCE FOR YOU, WE MUST HAVE AN ASSIGNMENT & POLICY, GROUP & CERTIFICATE NUMBERS. THE NAME & ADDRESS OF YOUR INSURANCE COMPANY, AS WELL AS ANY SPECIAL FORMS YOUR CARRIER MAY REQUIRE. (USE LEFT SIDE OF THIS FORM).

IF PAYMENTS FOR SERVICE BECOMES DELINQUENT STEPS TO EFFECT COLLECTION WILL BE TAKEN.

**TERMS:** A CHARGE OF 1½% PER MONTH APPLIED TO ALL  
PAST DUE ACCOUNTS (18% PER ANNUM)

IF YOU HAVE ANY QUESTIONS OR IF WE CAN BE OF ASSISTANCE, PLEASE FEEL FREE TO CALL  
OUR OFFICE AT 543-2626. OFFICE HOURS: MONDAY THRU FRIDAY 9:00 A.M. TO 4:30 P.M.

San Luis Obispo, CA 93406  
P.O. Box 934  
3530 S. Highway 101  
3530 S. Highway 101