

1 SAN LUIS OBISPO GEN HOSP PO BOX 8113 S. L. O., CA 93408-8113 (805) 543-1500										2 *2751*										3 PATIENT CONTROL NUMBER 051656										4 TYPE OF BILL 111																																																																																																																																											
5 BC/BS PROV. NO. 411										6 FEDERAL TAX NO. 95-6000939										7 MEDICARE NO. 050088										8 MEDICAID NO. HSC30088F										9																																																																																																																																	
10 PATIENT'S LAST NAME BEAL, ARTHUR										11 PATIENT'S FIRST NAME HILLCREST										12 PATIENT'S ADDRESS CAMBRIA, CA 93428										13																																																																																																																																											
14 BIRTH DATE 06-26-96										15 SEX M										16 MS S										17 DATE 10-27-86										18 HR. 20										19 TYPE 1										20 SRC 7										21 A.H. 16										22 D.H. 01										23 STATE 10-27-86										24 COVERED PERIOD 10-31-86										25 COV.D. 00%										26 N.C.D.										27 C-I.D.										28 L-R.D.																													
29 OCCURRENCE CD DATE										30 OCCURRENCE CD DATE										31 OCCURRENCE CD DATE										32 OCCURRENCE CD DATE										33 OCCURRENCE CD DATE										34 OCCURRENCE CD DATE										35 OCCURRENCE CD DATE										36 OCCURRENCE CD DATE										37 OCCURRENCE CD DATE										38 OCCURRENCE CD DATE										39 OCCURRENCE CD DATE										40 OCCURRENCE CD DATE										41 OCCURRENCE CD DATE										42 OCCURRENCE CD DATE										43 OCCURRENCE CD DATE										44 OCCURRENCE CD DATE										45 OCCURRENCE CD DATE									
34 ARTURO BEAL										35 881 HILLCREST										36 CAMBRIA, CA 93428										37										38										39										40										41										42										43										44										45																																																											
46										47										48										49										50										51										52										53										54										55										56																																																																					
50 DESCRIPTION										51 R. CODE										52 S. UNITS										53 TOTAL CHARGES										54										55										56																																																																																																													
ROOM-BOARD/384BED										30										4										1020.00																														NONCOVERED																																																																																																													
PHARMACY										30										9										134.20																																																																																																																																											
MED-SUR SUPPLIES										270										17										391.98																														4.00																																																																																																													
LAB										300										12										378.85																																																																																																																																											
DX X-RAY										320										1										40.00																																																																																																																																											
RESPIRATORY SVC										410										1										20.00																																																																																																																																											
OUTPATIENT SVS										500										1										80.00																																																																																																																																											
EKG/ECC										730										2										130.00										110.00																																																																																																																																	
PR FEE/EP										981										1										85.00																																																																																																																																											
TOTAL CHARGES										001										2280.03										2175.03																				4.00																																																																																																																							
57 PAYER										58 REL. INFO										59 ASC. BEN										60 DEDUCTIBLE										61 CO-INSURANCE										62 EST. RESPONSIBILITY										63 PRIOR PAYMENTS										64 EST. AMOUNT DUE																																																																																																			
A MEDICARE										Y										Y																																																																																																																																																					
B MEDI-CAL										Y										Y																																																																																																																																																					
C																																																																																																																																																																									
65 INSURED'S NAME										66 SEX										67 P. REL.										68 CERT.-SSN-HIC.-ID. NO.										69 GROUP NAME										70 INSURANCE GROUP NO.																																																																																																																							
A. BEALE										M										01										552077350A																																																																																																																																											
B. BEAL										M										01										40109552077350																																																																																																																																											
C																																																																																																																																																																									
71 EID										72 ESC										73 EMPLOYER NAME										74 EMPLOYEE ID.										75 EMPLOYER LOCATION																																																																																																																																	
																				RETIRED										552077350										552077350																																																																																																																																	

MEDICARE HAS BEEN BILLED

NOTICE TO THE PATIENT

The hospital is acting solely as an agent for the patient in filing for insurance benefits assigned to it, however, the hospital can assume no responsibility for guaranteeing payment of covered charges as shown on the face of the bill. Credit is shown only when the hospital has actually received payment. Should an overpayment be made, a refund check will be sent to the authorized party that is due the overpayment.