FORM B10 (Official Form 10)(4/98)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (BOISE)

PROOF OF CLAIM

Name of Debtor
Peggy L Sheldon

Case Number
99-01789 ch. 13

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503

99-01789

1250248

Name of Creditor (The person or other entity to whom the debtor owes money or property):
St. Alphonsus RMC
Name and Address where notices should be sent:

St. Alphonsus RMC
1055 N Curtis Rd.
Boise, ID 83706

or St. Al's R.M.C.
P.O. Box 190930
BOISE ID 83719

Telephone Number:

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
☐ Check box if you have never received any notices from the bankruptcy court in this case.
☐ Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor: see attached

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated _____

1. **Basis for Claim**
☐ Goods sold
☑ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____

☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
☐ Wages, salaries, and compensation (fill out below)
Your SS #: _____ _____ _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2. Date debt was incurred: see attached

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 16,611.43
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.
☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.
☐ Check this box if your claim is secured by collateral (including a right of setoff).
Brief Description of Collateral:
☐ Real Estate ☐ Motor Vehicle
☐ Other_____

Value of Collateral: $_____

Amount of arrearage and other charges at time case filed included in secured claim, if any: $_____

6. Unsecured Priority Claim.
☐ Check this box if you have an unsecured priority claim
Amount entitled to priority $_____
Specify the priority of the claim:
☐ Wages, salaries, or commissions (up to $4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
☐ Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4).
☐ Up to $ 1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(__).

**Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
8. Supporting Documents: *Attach copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY
U.S. DISTRICT COURT
1999 SEP 21 PM 12:26

Date 9/16/99

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):
Ann M. Faught By Acts Ann M. Faught Support Clerk

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

#16

000684

acct. #s amt. Date Incurred

SHELDON	PEGGY	L	0000040931	$167.80	0519761118	P	5	110593 B
SHELDON	PEGGY	L	0000690115	$1,000.26	0519761118	P	5	041094 B
SHELDON	PEGGY	L	0002031649	$141.60	0519761118	P	5	030595 B
SHELDON	PEGGY	L	0002053742	$141.99	0519761118	P	5	030995 B
SHELDON	PEGGY	L	0002921575	$150.00	0519761118	P	5	093095 B
SHELDON	PEGGY	L	0004564787	$80.00	0519761118	P	3	113096 B
SHELDON	PEGGY	L	0004630646	$1,769.55	0519761118	P	L	112796 B
SHELDON	PEGGY	L	0004653838	$85.00	0519761118	P	3	123196 B
SHELDON	PEGGY	L	0004663266	$1,606.19	0519761118	P	L	120596 B
SHELDON	PEGGY	L	0004714366	$77.00	0519761118	P	4	121696 B
SHELDON	PEGGY	L	0004720942	$4,067.02	0519761118	P	L	122296 B
SHELDON	PEGGY	L	0004749784	$116.70	0519761118	P	5	122596 B
SHELDON	PEGGY	L	0004753380	$123.29	0519761118	P	5	122696 B
SHELDON	PEGGY	L	0004757399	$116.30	0519761118	P	5	122796 B
SHELDON	PEGGY	L	0004760112	$380.44	0519761118	P	5	122996 B
SHELDON	PEGGY	L	0004778783	$185.00	0519761118	P	3	013197 B
SHELDON	PEGGY	L	0004816203	$196.24	0519761118	P	5	011297 B
SHELDON	PEGGY	L	0004816773	$275.57	0519761118	P	5	011297 B
SHELDON	PEGGY	L	0004832887	$3,384.91	0519761118	P	L	011997 B
SHELDON	PEGGY	L	0004869277	$90.19	0519761118	P	5	012597 B
SHELDON	PEGGY	L	0004876074	$708.38	0519761118	P	5	012797 B
SHELDON	PEGGY	L	0004938825	$85.00	0519761118	P	3	022897 B
SHELDON	PEGGY	L	0005000716	$687.89	0519761118	P	L	120996 B

[redacted]

SHELDON	PEGGY	L	0007531684	125.00	519761118	D	5	101798 B
SHELDON	PEGGY	L	0007533201	125.00	519761118	D	5	101898 B
SHELDON	PEGGY	L	0007749930	125.00	519761118	D	5	120598 B

Sub Total 16,011.32

Sheldon	Peggy	7990245	350.11	2/2/99
Sheldon	Peggy	8165565	125.00	3/13/99
Sheldon	Peggy	8235632	125.00	3/30/99

Total: $16,611.43

ST ALPHONSUS REG MED CEN
P O BOX 190930
BOISE ID 83719
2083672130 FAX3673002

0004720942

5 FAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	N-C D.	9 C-H-C.	10 L-R D.	11
82-0200895	121796	122296	5				

12 PATIENT NAME: SHELDON PEGGY L

13 PATIENT ADDRESS: 3499 N FIVE MILE RD 103C BOISE ID 83713

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.
06221958	F	D	121796	19	3	1	09	01	0000076366

24–30 CONDITION CODES 31

32 OCCURRENCE CODE DATE 33 34 OCCURRENCE CODE DATE 35 36 OCCURRENCE SPAN CODE FROM THROUGH 37 A B C

SHELDON PEGGY L
3499 N FIVE MILE RD 103C
BOISE , ID 83713

39 VALUE CODES CODE	AMOUNT
a 01	44300
b	
c	
d	

40 41 VALUE CODES CODE AMOUNT

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	124	PSYCH SEMI PRIVATE	64200		5	321000		
2	250	PHARMACY			72	13829		
3	253	TAKE HOME DRUGS			2	6584		
4	272	STERILE SUPPLY			3	4739		
5	300	LABORATORY			1	7500		
6	310	PATH. LAB.			3	14550		
7	320	RADIOLOGY DX			1	12000		
8	360	OPERATING ROOM SERVICES			1	11500		
9	918	NEURO PSY ASSESSMENT			1	15000		
10						4067 02		
11		attached account #s						
12		combined to this acct. +				11944 30		
13								
14		(see attached for specific				16011 32		
15		amounts and account #s)						
16		Thanks!						
17								
18								
19								
20								
21								
22						~~406702~~		
23	001	TOTAL CHARGES						

50 PAYER	51 PROVIDER NO.	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A ADA COUNTY MH - VOL		Y	Y		406702	
B						
C						

DUE FROM PATIENT ▶

57	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	SHELDON PEGGY L	01			
B					
C					

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A		CHILDS WORLD	USTICK RD BOISE
B			
C			

67 PRIN. DIAG. CD. 29630 68 CODE 2419 69 CODE 70 CODE 71 CODE OTHER DIAG. CODES 72 CODE 73 74 CODE 75 76 ADM. DIAG. CD. 29630 77 E-CODE 78

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	82 ATTENDING PHYS. ID
9	0611	122096	8871	122096	IDM005771 GIPSON WILLIAM T

OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	83 OTHER PHYS. ID
				IDM004483 KNOCHEL JOHN

OTHER PHYS. ID

a b c d 84 REMARKS

85 PROVIDER REPRESENTATIVE: X SIGNATURE ON FILE 86 DATE 01

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

UB-92 HCFA-1450 COPY 1

Saint Alphonsus
Regional Medical Center
1055 North Curtis Road
Boise, Idaho 83706 • (208) 378-2121
A Member of Holy Cross Health System

PLEASE SAVE FOR YOUR RECORDS. THERE WILL BE A CHARGE FOR ADDITIONAL COPIES.

TAX I.D. NO. 82-0200895

☐ IF YOU HAVE GIVEN US INSURANCE INFORMATION, WE HAVE BILLED _____
-OR-

☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

11/08/93
PEGGY L SHELDON
4695 GOLDENROD AVE
MERIDIAN ID 83642

40931 ADMISSION NO. ← WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

11/03/93 ADMISSION DATE | 11/03/93 DISCHARGE DATE

FINAL PAGE 1

PATIENT: SHELDON PEGGY L AGE: 035 DR. NO. 000784 0700

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION	QUANTITY	CHARGE
		***250	PHARMACY		
11/08		400425	J2175 DEMEROL 100.00T	1	10.[illegible]
11/08		402695	J2550 PHENERGAN 50.00A	1	9.[illegible]
			AREA TOTAL ***		20.[illegible]
		***253	TAKE HOME DRUGS		
11/03		430001	STADOL NS TAKE HOME	1	58.7[illegible]
		***450	EMERGENCY DEPT.		
11/08		032046	99283 EMERGENCY CARE - LEVEL III	1	89.0[illegible]
			BALANCE DUE		167.8[illegible]

▲ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.

NOTE: ANY UNPAID DEDUCTIBLE, CO-INSURANCE AND NON-COVERED CHARGES ARE DUE UPON RECEIPT OF THIS BILL.

FINANCE CHARGE: We compute the **FINANCE CHARGE** at a periodic rate 1½% per month, which is an **ANNUAL PERCENTAGE RATE** of 18% applied to the "adjusted balance" of your acco
The adjusted balance is determined by taking the balance owed at the end of the previous billing cycle and subtracting all payments and credits received during the present billing cycle. Paym
or credits received after the above billing statement will appear on your next statement.

ST ALPHONSUS REG MED CEN
1055 N. CURTIS ROAD
BOISE ID 83706
2083782130

3 PATIENT CONTROL NO: 0 1690115 131

5 FED TAX NO: 82-0200895
6 STATEMENT COVERS PERIOD FROM 041094 THROUGH 041194

12 PATIENT NAME: SHELDON PEGGY L
13 PATIENT ADDRESS: 4695 GOLDENROD AVE MERIDIAN ID 83642

14 BIRTHDATE: 06221958
15 SEX: F
16 MS: D
17 ADMISSION DATE: 041094
18 HR: 23
19 TYPE: 7
20 SRC: 01
22 STAT
23 MEDICAL RECORD NO: 0000076366

CONDITION CODES

32 OCCURRENCE CODE DATE
34 OCCURRENCE CODE DATE
36 OCCURRENCE SPAN CODE FROM THROUGH
37 A B C

38 SHELDON PEGGY L
4695 GOLDENROD AVE
MERIDIAN , ID 83642

39 VALUE CODES CODE AMOUNT
41 VALUE CODES CODE AMOUNT

42 REV CD	43 DESCRIPTION	44 HCPCS RATES	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
250	PHARMACY			10	7192		
253	TAKE HOME DRUGS			3	13574		
258	I.V. & TRAYS			3	7470		
270	MED. SUPPLIES			6	15756		
271	NON STERILE SUPPLY			3	4582		
272	STERILE SUPPLY			13	13102		
300	**CBC WITH DIFF SA	85025		2	5300		
300	FERRITIN	82728		1	3800		
300	**IRON BINDING CAPACITY	83550		1	1500		
300	**IRON SER	83540		1	2100		
320	CHEST, 2 VIEWS - ROUTINE	71020		1	8000		
410	OXIMETER PER EVALUATION	94760		3	11100		
450	OBSERVATION (INTERMED) P	99203		1	5000		
450	EMERGENCY CARE - LEVEL I	99284		1	12100		
					110566		
				balance pmts rec'd	105 40		
					1000.26		
001	TOTAL CHARGES				~~110566~~		

50 PAYER: TRAVELERS INSURANCE
51 PROVIDER NO: 820200895
52 REL BENEFITS: Y
53 ASG BEN: Y
54 PRIOR PAYMENTS
55 EST AMOUNT DUE: 110566

DUE FROM PATIENT

57
58 INSURED'S NAME: SHELDON P L
59 P REL
60 INSURED'S UNIQUE ID NO: 01 519761118
61 GROUP NAME
62 INSURANCE GROUP NO: GA154055

63 TREATMENT AUTHORIZATION CODES
64 EMPLOYER NAME: 1 COBRA/IDAHO WELLNESS
65 EMPLOYER LOCATION

67 PRIN DIAG CD: 0340
68 CODE: 7990
69 ADM DIAG CD: 0340
70 E CODE

71 PPC: 9
80 PRINCIPAL PROCEDURE CODE DATE
81 OTHER PROCEDURE CODE DATE

76 ATTENDING PHYS ID: IDM006137 BROWN LAURENCE E
82 OTHER PHYS ID
OTHER PHYS ID

74 REMARKS

X
041694

UB-92 HCFA-1450 OCR/ORIGINAL

Saint Alphonsus
Regional Medical Center
1055 North Curtis Road
Boise, Idaho 83706 • (208) 378-2121
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TAX I.D. NO. 82-0200895

☐ IF YOU HAVE GIVEN US INSURANCE INFORMATION, WE HAVE BILLED _____
-OR-

☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

3/13/95
PEGGY L SHELDON
4695 GOLDENROD AVE
MERIDIAN ID 83642

2031649 ADMISSION NO. ← WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

03/05/95 ADMISSION DATE | 03/05/95 DISCHARGE DATE

FINAL PAGE 1

PATIENT: SHELDON PEGGY L AGE: 036 DR. NO. 000104 1400

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION	QUANTITY	CHARGE
		***250	PHARMACY		
03/05		400425	J2175 MEPERIDINE 100MG/ML TUBEX (DEM	1	13.33
03/05		402695	J2550 PROMETHAZINE 50MG/ML AMP(PHENE	1	11.43
			AREA TOTAL ***		24.76
		***253	TAKE HOME DRUGS		
03/05		430001	STADOL NS TAKE HOME	1	27.94
		***450	EMERGENCY DEPT.		
03/05		032046	99283 EMERGENCY CARE - LEVEL III	1	89.00
			BALANCE DUE		141.60

▲ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE

FILE COPY

NOTE: ANY UNPAID DEDUCTIBLE, CO-INSURANCE AND NON-COVERED CHARGES ARE DUE UPON RECEIPT OF THIS BILL

FINANCE CHARGE: We compute the **FINANCE CHARGE** at a periodic rate 1½% per month, which is an **ANNUAL PERCENTAGE RATE** of 18% applied to the adjusted balance of your account. The adjusted balance is determined by taking the balance owed at the end of the previous billing cycle and subtracting all payments and credits received during the present billing cycle. Payments or credits received after the above billing statement will appear on your next statement.

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Regional Medical Center
1055 North Curtis Road
Boise, Idaho 83706 • (208) 378-2121
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TAX I.D. NO. 82-0200895

☐ IF YOU HAVE GIVEN US INSURANCE INFORMATION, WE HAVE BILLED _____
-OR-

☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

3/15/95
PEGGY L SHELDON
4695 GOLDENROD AVE
MERIDIAN ID 83642

2053742 ADMISSION NO. ← WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

03/09/95 ADMISSION DATE | 03/09/95 DISCHARGE DATE

FINAL PAGE 1

ENT: SHELDON PEGGY L AGE: 036 DR. NO. 000104 1400

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION		QUANTITY	CHARGE
		***250	PHARMACY			
3/14		400425	J2175 DEMEROL	100.00T	1	13.33
3/14		402716	J3410 VISTARIL-ATARAX	50.00V	1	11.82
			AREA TOTAL ***			25.15
		***253	TAKE HOME DRUGS			
3/09		430001	STADOL NS	TAKE HOME	1	27.84
		***450	EMERGENCY DEPT.			
3/14		032046	99283 EMERGENCY CARE - LEVEL III		1	89.00
			BALANCE DUE			141.99

▲ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE

FILE COPY

NOTE: ANY UNPAID DEDUCTIBLE, CO-INSURANCE AND NON-COVERED CHARGES ARE DUE UPON RECEIPT OF THIS BILL

NANCE CHARGE: We compute the FINANCE CHARGE at a periodic rate 1½% per month, which is an ANNUAL PERCENTAGE RATE of 18% applied to the "adjusted balance" of your account. e adjusted balance is determined by taking the balance owed at the end of the previous billing cycle and subtracting all payments and credits received during the present billing cycle. Payments credits received after the above billing statement will appear on your next statement.

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1055 North Curtis Road
Boise, Idaho 83706 • (208) 378-2121
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TAX I.D. NO. 82-0200895

☐ IF YOU HAVE GIVEN US INSURANCE INFORMATION, WE HAVE BILLED _____
-OR-
☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

10/05/95
PEGGY L SHELDON
1030 E 4TH ST
MERIDIAN ID 83642

2921575 ADMISSION NO. ← WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

09/30/95 ADMISSION DATE | 09/30/95 DISCHARGE DATE

FINAL PAGE 1

PATIENT: SHELDON PEGGY L AGE: 037 DR. NO. 000013 3300

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION	QUANTITY	CHARGE
		***250	PHARMACY		
		402716	J3410 VISTARIL-ATARAX 50.00V	1	11.82
10/02		409054	J2175 DEMEROL 75.00T	1	13.27
10/02			AREA TOTAL ***		25.09
		***270	MED. SUPPLIES		
		032014	SHORT SYNTHETIC	1	50.00
10/02		181631	ER LEVEL 4 SUPPLIES	1	15.00
10/02			AREA TOTAL ***		65.00
		***320	RADIOLOGY DX		
		087200	72050 SPINE, CERVICAL, 4 5 VIEWS	1	135.00
09/30		087207	72020 CERVICAL SPINE-LATERIAL ONLY	1	52.00
09/30		087213	72100 SPINE, L S, 2 4 VIEWS	1	95.00
09/30		087290	73130 HAND	1	70.00
09/30			AREA TOTAL ***		352.00
		***324	CHEST X-RAY		
		087102	71020 CHEST, 2 VIEWS - ROUTINE	1	90.00
09/30					
		***450	EMERGENCY DEPT.		
		032047	99284 EMERGENCY CARE - LEVEL IV	1	150.00
10/02					
					682.09
			BALANCE DUE		532.09
			pmts rec'd		
			balance due		150.00

FILE COPY

▲ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.

NOTE: ANY UNPAID DEDUCTIBLE, CO-INSURANCE AND NON-COVERED CHARGES ARE DUE UPON RECEIPT OF THIS BILL.

FINANCE CHARGE: We compute the FINANCE CHARGE at a periodic rate 1½% per month, which is an ANNUAL PERCENTAGE RATE of 18% applied to the "adjusted balance" of your account. The adjusted balance is determined by taking the balance owed at the end of the previous billing cycle and subtracting all payments and credits received during the present billing cycle. Payments or credits received after the above billing statement will appear on your next statement.

Saint Alphonsus
Regional Medical Center
1055 North Curtis Road
Boise, Idaho 83706 • (208) 378-2121
A Member of Holy Cross Health System

PLEASE SAVE FOR YOUR RECORDS. THERE WILL BE A CHARGE FOR ADDITIONAL COPIES.

TAX I.D. NO. 82-0200895

☐ IF YOU HAVE GIVEN US INSURANCE INFORMATION, WE HAVE BILLED _____
-OR-
A
☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

12/05/96
PEGGY L SHELDON
3499 N FIVE MILE RD 103C
BOISE ID 83713

4564787 ADMISSION NO. ← WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

11/08/96	11/30/96
ADMISSION DATE	DISCHARGE DATE

FINAL PAGE 1

PATIENT: SHELDON PEGGY L AGE: 038 DR. NO. 000977 1400 3600

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION	QUANTITY	CHARGE
11/25	00977	***960 020339	C.S.W/M.A.S. HOSP FEE 90844 PSYCHOTHER (50 MIN)-MAS	1	80.00
			BALANCE DUE		80.00

▲ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.
NOTE: ANY UNPAID DEDUCTIBLE, CO-INSURANCE AND NON-COVERED CHARGES ARE DUE UPON RECEIPT OF THIS BILL.

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ST ALPHONSUS REG MED CEN
P O BOX 190930
BOISE ID 83719
2083672130 FAX3673002

3 PATIENT CONTROL NO.: 0004630846

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D	N-C D.	9 C-I D.	10 L-R D.	11
82-0200895	112596	112796	2				

12 PATIENT NAME: SHELDON PEGGY L

13 PATIENT ADDRESS: 3499 N FIVE MILE RD 103C BOISE ID 93

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24 CONDITION CODES	25	26	27	28	29	30	31
06221958	F	D	112596	19	2	1	12	01	0000076366								

	32 OCCURRENCE CODE	DATE	33		34 OCCURRENCE CODE	DATE	35		36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a												A
b												B
												C

8 SHELDON PEGGY L
3499 N FIVE MILE RD 103C

BOISE , ID 83713

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	44300				
b						
c						
d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	124	PSYCH SEMI PRIVATE	64200		2	128400		
2	250	PHARMACY			35	10475		
3	271	NON STERILE SUPPLY			1	1479		
4	300	LABORATORY			6	21600		
5	961	PSYCH PROFESSION SERVICE			1	15000		
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23	001	TOTAL CHARGES				176955		

	50 PAYER	51 PROVIDER NO.	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	ADA COUNTY MH - VOL		Y	Y		176955	
B							
C							

57 DUE FROM PATIENT ▶

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	SHELDON PEGGY L	01			XNA532519
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A		1	INDV	
B				
C				

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
30000	30001	29633									

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	82 OTHER PROCEDURE CODE	DATE
9						

OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID: IDM005771 GIPSON WILLIAM T

83 OTHER PHYS. ID: IDM005771 GIPSON WILLIAM T

OTHER PHYS. ID:

a 84 REMARKS
b
c
d

85 PROVIDER REPRESENTATIVE: X SIGNATURE ON FILE

86 DATE: 121

UB-92 HCFA-1450 COPY 1

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Saint Alphonsus
Regional Medical Center
1055 North Curtis Road
Boise, Idaho 83706 • (208) 378-2121
A Member of Holy Cross Health System

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TAX I.D. NO. 82-0200895

☐ IF YOU HAVE GIVEN US INSURANCE INFORMATION, WE HAVE BILLED _____
-OR-
☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

1/05/97
PEGGY L SHELDON
3499 N FIVE MILE RD 103C
BOISE ID 83713

4653838
ADMISSION NO.

WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

12/02/96	12/31/96
ADMISSION DATE	DISCHARGE DATE

FINAL PAGE 1

PATIENT: SHELDON PEGGY L AGE: 038 DR. NO. 000254

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION	QUANTITY	CHARGE
		***961	PSYCH PROFESSION SERVICES		
12/02	00254	020138	90843 PSYCHOTHER (30 MIN)-MD	1	85.00
			BALANCE DUE		85.00

▲ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.

NOTE: ANY UNPAID DEDUCTIBLE, CO-INSURANCE AND NON-COVERED CHARGES ARE DUE UPON RECEIPT OF THIS BILL.

FINANCE CHARGE: We compute the FINANCE CHARGE at a periodic rate 1½% per month, which is an ANNUAL PERCENTAGE RATE of 18% applied to the "adjusted balance" of your account. The adjusted balance is determined by taking the balance owed at the end of the previous billing cycle and subtracting all payments and credits received during the present billing cycle. Payments or credits received after the above billing statement will appear on your next statement.

ST ALPHONSUS REG MED CEN
P O BOX 190930
BOISE ID 83719
2083672130 FAX3673002

0004663266

FED. TAX NO.	8 STATEMENT COVERS PERIOD FROM	THROUGH	7	8 N-C D.	9 C-H D.	10 L-R D.
82-0200895	120396	120596	2			

12 PATIENT NAME: SHELDON PEGGY L

13 PATIENT ADDRESS: 3499 N FIVE MILE RD 103C BOISE ID 83

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.
06221953	F	D	120396	22	3	1	23	01	0000076366

CONDITION CODES 24 25 26 27 28 29 30 31

32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH
a										
b										

37 A B C

38 SHELDON PEGGY L
3499 N FIVE MILE RD 103C
BOISE ID 93713

39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a 01	44300				
b					
c					
d					

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
1	124	PSYCH SEMI PRIVATE	64200		2	128400	
2	250	PHARMACY			22	12596	
3	271	NON STERILE SUPPLY			1	723	
4	340	NUCLEAR MED.			1	18900	
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							160619
22							
23	001	TOTAL CHARGES					

50 PAYER: ADA COUNTY MH - VOL

51 PROVIDER NO.

52 REL. INFO: Y 53 ASG. BEN: Y

54 PRIOR PAYMENTS

55 EST. AMOUNT DUE: 160619

56

A B C

DUE FROM PATIENT ▶

57

58 INSURED'S NAME: SHELDON PEGGY L

59 P.REL: 01

60 CERT. - SSN - HIC. - ID NO.

61 GROUP NAME

62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES

64 ESC

65 EMPLOYER NAME: CHILDS WORLD

66 EMPLOYER LOCATION: USTICK RD BOISE

67 PRIN. DIAG. CD.: 29633

68 CODE: 30001

69 CODE: 24290

70 CODE

71 CODE

72 CODE

73 CODE

74 CODE

75 CODE

76 ADM. DIAG. CD.: 29633

77 E-CODE

79 P.C.: 9

80 PRINCIPAL PROCEDURE CODE DATE

81 OTHER PROCEDURE CODE DATE

OTHER PROCEDURE CODE DATE

OTHER PROCEDURE CODE DATE

OTHER PROCEDURE CODE DATE

OTHER PROCEDURE CODE DATE

82 ATTENDING PHYS. ID: IDM005771 GIPSON WILLIAM

83 OTHER PHYS. ID: IDM005771 GIPSON WILLIAM

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE: X SIGNATURE ON FILE

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A

UB-92 HCFA-1450 COPY 1

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Boise, Idaho 83706 • (208) 378-2121
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TAX I.D. NO. 82-0200855

☐ IF YOU HAVE GIVEN US INSURANCE INFORMATION, WE HAVE BILLED _____
-OR-
☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

12/21/96
PEGGY L SHELDON
3499 N FIVE MILE RD 103C
BOISE ID 83713

4714366	12/16/96	12/16/96
ADMISSION NO.	ADMISSION DATE	DISCHARGE DATE

WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

FINAL PAGE 1

PATIENT: SHELDON PEGGY L AGE: 038 DR.NO. 000254 1400

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION	QUANTITY	CHARGE
		***300	LABORATORY		
12/16	00220	295213	84480 T3 (TOTAL T-3 BY RIA) TVL	1	33.00
12/16	00220	295439	*THYROID EVAL. HYPER/HYPO. TVL	1	0.00
12/16	00220	295576	84439 **FREE T4 TVL	1	19.00
12/16	00220	295577	84443 **TSH, SENSITIVE 3RD GEN. TVL	1	17.00
12/16	00220	295997	36415 DRAW FEE	1	8.00
			AREA TOTAL ***		77.00
			BALANCE DUE		77.00

▲ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.

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FINANCE CHARGE: We compute the FINANCE CHARGE at a periodic rate 1½% per month, which is an ANNUAL PERCENTAGE RATE of 18% applied to the "adjusted balance" of your account. The adjusted balance is determined by taking the balance owed at the end of the previous billing cycle and subtracting all payments and credits received during the present billing cycle. Payments or credits received after the above billing statement will appear on your next statement.

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1055 North Curtis Road
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TAX I.D. NO. 82-0200895

☐ IF YOU HAVE GIVEN US INSURANCE INFORMATION, WE HAVE BILLED _____
-OR-
A
☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

12/31/96
PEGGY L SHELDON
3499 N FIVE MILE RD 103C
BOISE ID 83713

4749784 — ADMISSION NO. — WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

ADMISSION DATE	DISCHARGE DATE
12/25/96	12/25/96

FINAL PAGE 1

PATIENT: SHELDON PEGGY L AGE: 038 DR. NO. 000750 1400

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION	QUANTITY	CHARGE
		***250	PHARMACY		
12/25	00750	402026	BUTORPHANOL 2MG/ML(S 2.00V	1	21.30
12/25	00750	409108	PROMETH. 50MG (PHENE 50.00S	1	5.40
			AREA TOTAL ***		26.70
		***450	EMERGENCY DEPT.		
12/25	00750	032046	99283 EMERGENCY CARE - LEVEL III	1	90.00
			BALANCE DUE		116.70

▲ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.

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-OR-

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1/14/97
PEGGY L SHELDON
3499 N FIVE MILE RD 103C
BOISE ID 83713

4753380 — ADMISSION NO. — WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

ADMISSION DATE	DISCHARGE DATE
12/26/96	12/26/96

FINAL PAGE 1

PATIENT: SHELDON PEGGY L AGE: 038 DR. NO. 000008 1400

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION	QUANTITY	CHARGE
		***250	PHARMACY		
12/26	00008	400425	J2175 MEPERIDINE 100MG/ML(100.00T	1	14.40
12/26	00008	402695	J2550 PROMETH. 50MG/ML(PHE 50.00A	1	11.90
			AREA TOTAL ***		26.30
		***253	TAKE HOME DRUGS		
12/29	00008	430983	ER: PROPOXYPHENE N-100-6	1	6.99
		***450	EMERGENCY DEPT.		
12/26	00008	032046	99283 EMERGENCY CARE - LEVEL III	1	90.00
			BALANCE DUE		123.29

▲ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.

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IRS I.D. NO. 82-0200895

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-OR-
☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

1/01/97
PEGGY L SHELDON
3499 N FIVE MILE RD 103C
BOISE ID 83713

4757399 — ADMISSION NO. — WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

ADMISSION DATE	DISCHARGE DATE
12/27/96	12/27/96

FINAL PAGE 1

PATIENT: SHELDON PEGGY L AGE: 038 DR. NO. 000750 1400

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION	QUANTITY	CHARGE
		***250	PHARMACY		
12/27	00750	400425	J2175 MEPERIDINE 100MG/ML(100.00T	1	14.40
12/27	00750	402695	J2550 PROMETH. 50MG/ML(PHE 50.00A	1	11.90
			AREA TOTAL ***		26.30
		***450	EMERGENCY DEPT.		
12/27	00042	032046	99283 EMERGENCY CARE - LEVEL III	1	90.00
			BALANCE DUE		116.30

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-OR-
A
☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

1/03/97
PEGGY L SHELDON
3499 N FIVE MILE RD 103C
BOISE ID 83713

4760112 — ADMISSION NO. — WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

ADMISSION DATE	DISCHARGE DATE
12/29/96	12/29/96

FINAL PAGE 1

PATIENT: SHELDON PEGGY L AGE: 038 DR. NO. 000311 1400

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION	QUANTITY	CHARGE
		***250	PHARMACY		
12/29	00311	400425	J2175 MEPERIDINE 100MG/ML(100.00T	1	14.40
12/29	00311	402695	J2550 PROMETH. 50MG/ML(PHE 50.00A	1	11.90
			AREA TOTAL ***		26.30
		***272	STERILE SUPPLY		
12/29	00013	180214	TRAY,LUMBAR PUNCTURE 20G X 3 1	1	38.64
		***300	LABORATORY		
12/29	00311	290063	***** *CULTURE MISCELLANEOUS	1	0.00
12/29	00311	291487	87070 **CULTURE ROUTINE	1	42.50
12/29	00311	290117	87205 **GRAM STAIN SA	1	25.00
12/29	00311	290204	*SPINAL FLUID ROUTINE SA	1	0.00
12/29	00311	290079	89051 **SPINAL FLUID CELL COUNT ONLY	1	36.00
12/29	00311	290970	82947 **SPINAL FLUID GLUCOSE	1	26.00
12/29	00311	290971	84155 **SPINAL FLUID PROTEIN	1	28.00
			AREA TOTAL ***		157.50
		***450	EMERGENCY DEPT.		
12/29	00013	032047	99284 EMERGENCY CARE - LEVEL IV	1	158.00
			BALANCE DUE		380.44

▲ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.

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-OR-
☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

2/05/97
PEGGY L SHELDON
3499 N FIVE MILE RD 103C
BOISE ID 83713

4778783
ADMISSION NO.

WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

01/02/97	01/31/97
ADMISSION DATE	DISCHARGE DATE

FINAL PAGE 1

PATIENT: SHELDON PEGGY L AGE: 038 DR. NO. 000254 1400 3600 0151

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION	QUANTITY	CHARGE
		***910	PSYCHOLOGICAL SERVICES		
01/08	00975	020539	90844 PSYCHOTHER,ROUTINE-LSW UPTO 50	1	50.00
01/09	00975	020539	90844 PSYCHOTHER,ROUTINE-LSW UPTO 50	1	50.00
			AREA TOTAL ***		100.00
		***961	PSYCH PROFESSION SERVICES		
01/03	00254	020138	90843 PSYCHOTHER (30 MIN)-MD	1	85.00
			BALANCE DUE		185.00

▲ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.

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TAX I.D. NO. 82-0200895

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-OR-
A
☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

1/20/97
PEGGY L SHELDON
3499 N FIVE MILE RD 103C
BOISE ID 83713

4816203
ADMISSION NO.

WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

01/12/97	01/12/97
ADMISSION DATE	DISCHARGE DATE

FINAL PAGE 1

PATIENT: SHELDON PEGGY L AGE: 038 DR. NO. 000460 1400

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION	QUANTITY	CHARGE
		***250	PHARMACY		
01/12	00619	402695	J2550 PROMETH. 50MG/ML(PHE 50.00A	1	11.90
01/12	00619	409054	J2175 MEPERIDINE 75MG/ML(D 75.00T	1	14.34
			AREA TOTAL ***		26.24
		***320	RADIOLOGY DX		
01/12	00619	087319	73610 ANKLE	1	80.00
		***450	EMERGENCY DEPT.		
01/12	00619	032046	99283 EMERGENCY CARE - LEVEL III	1	90.00
			BALANCE DUE		196.24

▲ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.

NOTE: ANY UNPAID DEDUCTIBLE, CO-INSURANCE AND NON-COVERED CHARGES ARE DUE UPON RECEIPT OF THIS BILL.

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TAX I.D. NO. 82-0200895

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-OR-
☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

1/17/97
PEGGY L SHELDON
3499 N FIVE MILE RD 103C
BOISE ID 83713

4816773 — ADMISSION NO. — WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

ADMISSION DATE	DISCHARGE DATE
01/12/97	01/12/97

FINAL PAGE 1

PATIENT: SHELDON PEGGY L AGE: 038 DR. NO. 000460 1400

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION	QUANTITY	CHARGE
		***250	PHARMACY		
01/12	00460	405080	J1790 DROPERIDOL 5MG/2ML(I 5.00A	1	15.48
01/15	00013	400730	ACETAMIN 650MG/2TAB(650.00P	1	0.19
			AREA TOTAL ***		15.67
		***253	TAKE HOME DRUGS		
01/12	00460	431006	ER: PROMETHAZINE 25MG SUPP-4	1	10.69
		***258	I.V. & TRAYS		
01/12	00013	170025	SL-LACTATED RINGERS S7500	1	28.83
		***272	STERILE SUPPLY		
01/12	00013	170161	SET EXTENSION 32"	1	32.62
01/12	00013	170171	SET IV PEDI DRIP V1426	1	29.76
			AREA TOTAL ***		62.38
		***450	EMERGENCY DEPT.		
01/12	00013	032047	99284 EMERGENCY CARE - LEVEL IV	1	158.00
01/12	00013	032104	99211 RECHECK - SIMPLE	1	0.00
			AREA TOTAL ***		158.00
			BALANCE DUE		275.57

▲ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.

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T[redacted] NO. 82-0200895

☐ IF YOU HAVE GIVEN US INSURANCE INFORMATION, WE HAVE BILLED _____
-OR-
☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

2/13/97
PEGGY L SHELDON
3499 N FIVE MILE RD 103C
BOISE ID 83713

4832887 — ADMISSION NO. — WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

01/15/97	01/19/97
ADMISSION DATE	DISCHARGE DATE

FINAL PAGE 2

PATIENT: SHELDON PEGGY L AGE: 038 DR. NO. 000358 1400 0151

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION	QUANTITY	CHARGE
		***253	TAKE HOME DRUGS		
01/19		430001	CLONAZEPAM 2MG TAKE HOME	1	56.23
01/19		430001	LODINE 500MG TAKE HOME	1	44.58
			AREA TOTAL ***		100.81
		***271	NON STERILE SUPPLY		
01/16	00358	180006	KIT ADM MENTAL HEALTH	1	7.23
01/17	00358	180702	LOTION INTENSIVE CARE	1	3.09
			AREA TOTAL ***		10.32
		***300	LABORATORY		
01/15	00358	290006	82055 ALCOHOL BLOOD	1	48.00
01/15	00358	290043	85025 **CBC WITH DIFF SA	1	29.00
01/15	00358	290084	80100 DRUG SCREEN URINE	1	75.00
01/15	00358	290226	81001 URINALYSIS ROUTINE (RAND)SA	1	30.00
01/15	00358	290439	*THYROID EVAL. HYPER/HYPO. TVL	1	0.00
01/15	00358	290576	84439 **FREE T4 TVL	1	19.00
01/15	00358	290577	84443 **TSH, SENSITIVE 3RD GEN. TVL	1	19.00
01/15	00358	290915	*CHEM-23	1	0.00
01/15	00358	290695	82150 **AMYLASE ICU/ED PNL	1	15.00
01/15	00358	290696	83735 **MAGNESIUM ICU/ED PNL	1	14.00
01/15	00358	290575	80019 **CC CHEMISTRY PROFILE	1	25.00
			AREA TOTAL ***		274.00
		***450	EMERGENCY DEPT.		
01/15	00358	032048	99205 EMERGENCY CARE - LEVEL V	1	250.00
			BALANCE DUE		3,384.91

▲ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.
NOTE: ANY UNPAID DEDUCTIBLE, CO-INSURANCE AND NON-COVERED CHARGES ARE DUE UPON RECEIPT OF THIS BILL.

FINANCE CHARGE: We compute the **FINANCE CHARGE** as a periodic rate 1½% per month, which is an **ANNUAL PERCENTAGE RATE** of 18% applied to the "adjusted balance" of your account. The adjusted balance is determined by taking the balance owed at the end of the previous billing cycle and subtracting all payments and credits received during the present billing cycle. Payments or credits received after the above billing statement will appear on your next statement.

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T: NO. B2-0200855

☐ IF YOU HAVE GIVEN US INSURANCE INFORMATION, WE HAVE BILLED _____
-OR-
☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

2/13/97
PEGGY L SHELDON
3499 N FIVE MILE RD 103C
BOISE ID 83713

4832887 — ADMISSION NO. — WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

01/15/97 — ADMISSION DATE
01/19/97 — DISCHARGE DATE

FINAL PAGE 1

PATIENT: SHELDON PEGGY L AGE: 038 DR. NO. 000358 1400 0151

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION		QUANTITY	CHARGE
		***124	ROOM CHARGES			
01/15		013432	SEMI PRIVATE	013432	1	642.00
01/16		013432	SEMI PRIVATE	013432	1	642.00
01/17		013432	SEMI PRIVATE	013432	1	642.00
01/18		013432	SEMI PRIVATE	013432	1	642.00
			AREA TOTAL ***			2,568.00
		***250	PHARMACY			
01/16	00358	400096	ZOLPIDEM 10MG TAB (A	10.00	1	3.95
01/16	00358	400096	ZOLPIDEM 10MG TAB (A	10.00	1	3.95
01/17	00358	400634	ETODOLAC 300MG CAP (	300.00C	4	7.20
01/17	00358	400852	ESTROGEN CONJ 0.625M	.62T	1	0.77
01/17	00358	406836	CLONAZEPAM 2MG TAB (	2.00T	4	13.68
01/17	00358	407700	VENLAFAXINE 100MG (E	100.00	3	5.04
01/17	00358	408439	IBUPROFEN 600MG TAB	600.00T	1	0.52
01/18	00358	400096	ZOLPIDEM 10MG TAB (A	10.00	1	3.95
01/18	00358	400634	ETODOLAC 300MG CAP (	300.00C	6	10.80
01/18	00358	400852	ESTROGEN CONJ 0.625M	.62T	1	0.77
01/18	00358	406836	CLONAZEPAM 2MG TAB (	2.00T	4	13.68
01/18	00358	407700	VENLAFAXINE 100MG (E	100.00	3	5.04
01/18	00358	408439	IBUPROFEN 600MG TAB	600.00T	1	0.52
01/19	00358	400096	ZOLPIDEM 10MG TAB (A	10.00	1	3.95
01/19	00358	400634	ETODOLAC 300MG CAP (	300.00C	6	10.80
01/19	00358	400852	ESTROGEN CONJ 0.625M	.62T	1	0.77
01/19	00358	406836	CLONAZEPAM 2MG TAB (	2.00T	4	13.68
01/19	00358	407700	VENLAFAXINE 100MG (E	100.00	3	5.04
01/19	00358	409535	FLUTICASONE 0.05%(FL	1.00	1	57.82
01/19	00358	400096	ZOLPIDEM 10MG TAB (A	10.00	1	3.95
01/19	00358	400634	ETODOLAC 300MG CAP (	300.00C	6	10.80
01/19	00358	400852	ESTROGEN CONJ 0.625M	.62T	1	0.77
01/19	00358	406836	CLONAZEPAM 2MG TAB (	2.00T	4	13.68
01/19	00358	407700	VENLAFAXINE 100MG (E	100.00	3	5.04
01/19	00358	400096	ZOLPIDEM 10MG TAB (A	10.00	1	3.95CR
01/19	00358	400634	ETODOLAC 300MG CAP (	300.00C	2	3.60CR
01/19	00358	406836	CLONAZEPAM 2MG TAB (	2.00T	2	6.84CR
			AREA TOTAL ***			181.78

CONTINUED

▲ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.

NOTE: ANY UNPAID DEDUCTIBLE, CO-INSURANCE AND NON-COVERED CHARGES ARE DUE UPON RECEIPT OF THIS BILL.

FINANCE CHARGE: We compute the **FINANCE CHARGE** at a periodic rate 1½% per month, which is an **ANNUAL PERCENTAGE RATE** of 18% applied to the "adjusted balance" of your account. The adjusted balance is determined by taking the balance owed at the end of the previous billing cycle and subtracting all payments and credits received during the present billing cycle. Payments or credits received after the above billing statement will appear on your next statement.

Saint Alphonsus Regional Medical Center

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Boise, Idaho 83706 • (208) 378-2121
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TAX I.D. NO. 82-0200895

☐ IF YOU HAVE GIVEN US INSURANCE INFORMATION, WE HAVE BILLED _____
-OR-
☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

1/30/97
PEGGY L SHELDON
3499 N FIVE MILE RD 103C
BOISE ID 83713

4869277
ADMISSION NO.

WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

ADMISSION DATE	DISCHARGE DATE
01/25/97	01/25/97

FINAL PAGE 1

PATIENT: SHELDON PEGGY L AGE: 038 DR. NO. 000873 3300 1400

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION	QUANTITY	CHARGE
		***250	PHARMACY		
01/25	00873	400730	ACETAMIN 650MG/2TAB(650.00P	1	0.19
		***450	EMERGENCY DEPT.		
01/25	00008	032046	99283 EMERGENCY CARE - LEVEL III	1	90.00
			BALANCE DUE		90.19

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TAX I.D. NO. 82-0200895

☐ IF YOU HAVE GIVEN US INSURANCE INFORMATION, WE HAVE BILLED _____
-OR-
☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

2/01/97
PEGGY L SHELDON
3499 N FIVE MILE RD 103C
BOISE ID 83713

4876074
ADMISSION NO.

WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

01/27/97	01/27/97
ADMISSION DATE	DISCHARGE DATE

FINAL PAGE 1

PATIENT: SHELDON PEGGY L AGE: 038 DR. NO. 000201 3300 1400

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION	QUANTITY	CHARGE
		***250	PHARMACY		
01/27	00201	405088	KETOROLAC 30MG/ML(TO 30.00S	1	21.38
		***320	RADIOLOGY DX		
01/27	00201	087206	72050 SPINE, CERVICAL, 4 5 VIEWS	1	135.00
		***350	C.T. SCAN		
01/27	00201	240722	70480 CT POST FOSSA W/O CONTRAST	1	462.00
		***450	EMERGENCY DEPT.		
01/27	00460	032046	99283 EMERGENCY CARE - LEVEL III	1	90.00
			BALANCE DUE		708.38

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-OR-

☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

3/05/97
PEGGY L SHELDON
3499 N FIVE MILE RD 103C
BOISE ID 83713

4938825 ADMISSION NO. ← WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

02/12/97 ADMISSION DATE | 02/28/97 DISCHARGE DATE

FINAL PAGE 1

PATIENT: SHELDON PEGGY L AGE: 038 DR. NO. 000254 0131

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION	QUANTITY	CHARGE
		***961	PSYCH PROFESSION SERVICES		
02/26	00254	020138	90843 PSYCHOTHER (30 MIN)-MD	1	85.00
			BALANCE DUE		85.00

▲ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.

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TAX I.D. NO. 82-0200895

☐ IF YOU HAVE GIVEN US INSURANCE INFORMATION, WE HAVE BILLED _____
-OR-

☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

12/13/96
PEGGY L SHELDON
3499 N FIVE MILE RD 103C
BOISE ID 83713

5000716 ADMISSION NO. ← WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

12/09/96 ADMISSION DATE | 12/09/96 DISCHARGE DATE

FINAL PAGE 1

IENT: SHELDON PEGGY L AGE: 038 DR. NO. 000224 0151

OMPUTER STING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION	QUANTITY	CHARGE
		***124	ROOM CHARGES		
2/09		013432	SEMI PRIVATE 013432	1	642.00
		***250	PHARMACY		
2/09	00224	406836	CLONAZEPAM 2MG TAB (2.00T	2	6.84
2/09	00224	408991	CHLORAL HYDR. 500MG(500.00C	4	4.40
			AREA TOTAL ***		11.24
		***253	TAKE HOME DRUGS		
12/09		434383	KLONOPIN 2MG	1	19.92
12/09		438991	CHLORAL HYDRATE 500MG CAP	1	7.50
			AREA TOTAL ***		27.42
		***271	NON STERILE SUPPLY		
12/10	00224	180006	KIT ADM MENTAL HEALTH	1	7.23
			BALANCE DUE		687.89

▲ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.
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NANCE CHARGE: We compute the FINANCE CHARGE at a periodic rate 1½% per month, which is an ANNUAL PERCENTAGE RATE of 18% applied to the "adjusted balance" of your accou
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credits received after the above billing statement will appear on your next statement.

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-OR-
☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

10/22/98
PEGGY L SHELDON
1030 E 4TH ST
MERIDIAN ID 83642

7531684 — ADMISSION NO. — WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

ADMISSION DATE	DISCHARGE DATE
10/17/98	10/17/98

FINAL PAGE 1

PATIENT: SHELDON PEGGY L AGE: 040 DR. NO. 000013 0701

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION	QUANTITY	CHARGE
		***250	PHARMACY		
10/17	00013	400425	J2175 MEPERIDINE 100MG/ML(100.00T	1	16.10
10/17	00013	402695	J2550 PROMETHAZINE 50MG AM 50.00A	1	13.21
10/17	00013	409052	J2175 MEPERIDINE 50MG/ML(D 50.00T	1	15.95
			AREA TOTAL ***		45.26
		***450	EMERGENCY DEPT.		
10/17	00013	032046	99283 EMERGENCY CARE - LEVEL III	1	95.00
			BALANCE DUE		140.26
			pmts rec'd		15.26
			balance due		125.00

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-OR-
☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

10/23/98
PEGGY L SHELDON
1030 E 4TH ST
MERIDIAN ID 83642

7533201
ADMISSION NO.

WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

10/18/98	10/18/98
ADMISSION DATE	DISCHARGE DATE

FINAL PAGE 1

PATIENT: SHELDON PEGGY L AGE: 040 DR. NO. 000013 0701

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION	QUANTITY	CHARGE
		***250	PHARMACY		
10/18	00013	402695	J2550 PROMETHAZINE 50MG AM 50.00A	1	13.21
10/18	00013	409052	J2175 MEPERIDINE 50MG/ML(D 50.00T	1	15.95
10/18	00013	409054	J2175 MEPERIDINE 75MG/ML(D 75.00T	1	16.17
			AREA TOTAL ***		45.33
		***450	EMERGENCY DEPT.		
10/18	00013	032046	99283 EMERGENCY CARE - LEVEL III	1	95.00
			BALANCE DUE		140.33
			pmts rec'd		15.33
			balance due		125.00

▲ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.

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-OR-
☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

12/21/98
PEGGY L SHELDON
1030 E 4TH ST
MERIDIAN ID 83642

7749930
ADMISSION NO.

WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

12/05/98	12/05/98
ADMISSION DATE	DISCHARGE DATE

FINAL PAGE 1

PATIENT: SHELDON PEGGY L AGE: 040 DR. NO. 000619 0701

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION	QUANTITY	CHARGE
		***250	PHARMACY		
12/05	00460	409054	J2175 MEPERIDINE 75MG/ML(D 75.00T	2	32.04
12/06	00460	402695	J2550 PROMETHAZINE 50MG AM 50.00A	2	26.42
12/06	00460	409052	J2175 MEPERIDINE 50MG/ML(D 50.00T	1	15.95
			AREA TOTAL ***		74.41
		***450	EMERGENCY DEPT.		
12/05	00460	032046	99283 EMERGENCY CARE - LEVEL III	1	95.00
			BALANCE DUE		169.41
			pmts. rec'd		44.41
			balance due		125.00

▲ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.

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TAX I.D. NO. 82-0200895

☐ IF YOU HAVE GIVEN US INSURANCE INFORMATION, WE HAVE BILLED _____
-OR-

☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

2/09/99
PEGGY L SHELDON
1030 E 4TH ST
MERIDIAN ID 83642

7990245 ADMISSION NO. ← WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

02/02/99 ADMISSION DATE | 02/02/99 DISCHARGE DATE

FINAL PAGE 1

PATIENT: SHELDON PEGGY L AGE: 040 DR. NO. 000619 0701

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION	QUANTITY	CHARGE
		***250	PHARMACY		
02/02	00516	408438	IBUPROFEN 400MG(MOTR 400.00T	1	0.47
		***300	LABORATORY		
02/02	00516	290043	85025 **CBC WITH DIFF SA	1	34.00
02/02	00516	290049	82550 **CPK	1	32.00
02/02	00516	290226	81001 URINALYSIS ROUTINE (RAND)SA	1	34.00
02/02	00516	290226	81001 URINALYSIS ROUTINE (RAND)SA	1	34.00CR
02/02	00516	290260	85652 **WESTERGREN SED RATE SA	1	36.00
02/02	00516	291516	87449 INFLUENZA A VIRUS, RAPID	1	39.00
02/02	00516	291524	80054 CHEM 12	1	65.00
			AREA TOTAL ***		206.00
		***320	RADIOLOGY DX		
02/02	00516	087050	70220 PARANASAL SINUSES	1	84.00
		***450	EMERGENCY DEPT.		
02/02	00516	032046	99283 EMERGENCY CARE - LEVEL III	1	95.00
			BALANCE DUE		385.47
			pmts rec'd		35.36
			balance due		350.11

▲ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.
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☐ IF YOU HAVE GIVEN US INSURANCE INFORMATION, WE HAVE BILLED _____
-OR-

☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

4/13/99
PEGGY L SHELDON
1030 E 4TH ST
MERIDIAN ID 83642

8165565 ADMISSION NO. ← WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

03/13/99 ADMISSION DATE | 03/13/99 DISCHARGE DATE

FINAL PAGE 1

PATIENT: SHELDON PEGGY L AGE: 040 DR. NO. 000013 0701

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION	QUANTITY	CHARGE
		***250	PHARMACY		
03/13	00013	400556	J0696 CEFTRIAXONE 1GM VIAL 1.00I	1	66.53
		***300	LABORATORY		
03/13	00013	290226	81001 URINALYSIS ROUTINE (RAND)SA	1	34.00
03/13	00013	290936	87086 CULTURE URINE	1	48.00
03/13	00013	295495	87186 SENSITIVITY EA ADDL ORGANISM	1	30.00
03/13	00013	295495	87186 SENSITIVITY EA ADDL ORGANISM	1	30.00
			AREA TOTAL ***		142.00
		***450	EMERGENCY DEPT.		
03/13	00013	032045	99282 EMERGENCY CARE - LEVEL II	1	60.00
			BALANCE DUE		268.53
			pmts rec'd		143.53
			balance due		125.00

▲ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.
NOTE: ANY UNPAID DEDUCTIBLE, CO-INSURANCE AND NON-COVERED CHARGES ARE DUE UPON RECEIPT OF THIS BILL.

FINANCE CHARGE: We compute the **FINANCE CHARGE** at a periodic rate 1½% per month, which is an **ANNUAL PERCENTAGE RATE** of 18% applied to the "adjusted balance" of your account. The adjusted balance is determined by taking the balance owed at the end of the previous billing cycle and subtracting all payments and credits received during the present billing cycle. Payments or credits received after the above billing statement will appear on your next statement.

Saint Alphonsus Regional Medical Center
Where Personal Care is the Best Medicine
1055 North Curtis Road
Boise, Idaho 83706 • (208) 367-2121
A Member of Holy Cross Health System

PLEASE SAVE FOR YOUR RECORDS. THERE WILL BE A CHARGE FOR ADDITIONAL COPIES.

TAX I.D. NO. 82-0200895

☐ IF YOU HAVE GIVEN US INSURANCE INFORMATION, WE HAVE BILLED _____
-OR-

☐ WE HAVE ENCLOSED THE BILL AND FORM FOR YOU TO FORWARD TO YOUR INSURANCE CO.

4/13/99
PEGGY L SHELDON
1030 E 4TH ST
MERIDIAN ID 83642

8235632 ADMISSION NO. ← WHEN REFERRING TO THIS ACCOUNT, PLEASE USE ADMISSION NUMBER

03/30/99 ADMISSION DATE | 03/30/99 DISCHARGE DATE

FINAL PAGE 1

PATIENT: SHELDON PEGGY L AGE: 040 DR NO. 000013 0701

COMPUTER POSTING DATE	REFERENCE NUMBER	SERVICE CODE	SERVICE DESCRIPTION	QUANTITY	CHARGE
		***250	PHARMACY		
03/30	00013	402695	J2550 PROMETHAZINE 50MG AM 50.00A	1	14.43
03/30	00013	409054	J2175 MEPERIDINE 75MG/ML(D 75.00T	1	16.02
			AREA TOTAL ***		30.45
		***450	EMERGENCY DEPT.		
03/30	00013	032046	99283 EMERGENCY CARE - LEVEL III	1	95.00
			BALANCE DUE		125.45
			pmts rec'd		.45
			Balance due		125.00

▲ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE

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