



Page Number: 1 of 1

## **ITEMIZATION OF ACCOUNT**

Date: 01/15/21

Patient Name: Account Number:

Location: Gulf Breeze Hospital
Admit/Service Date: 01/04/21
Insurance 1: MEDICARE

Insurance 2: AARP MEDICARE SUPPLEMENT

BHC will bill the listed insurance on your behalf. Any patient balance remaining you will receive a statement.

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Last Name, First Name 1000 West Moreno Street Pensacola, FL 32501



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## THIS IS NOT A BILL

THIS STATEMENT OF ACCOUNT IS FOR INFORMATION PURPOSES ONLY. YOU WILL RECEIVE AN UPDATED STATEMENT ONCE YOUR INSURANCE HAS RESPONDED.

PATIENT NAME

ACCOUNT NUMBER

For additional information on Baptist
Health Care financial policies please
see www.ebaptisthealthcare.org

Reference #	Description	Total Amount	Insurance Portion	Patient Portion
01101039 01101039 04090122 09295361 01101039 01101039 01101039 01101039 01388065 02130110 01190404	PRIVATE PRIVATE MORPHINE INJ 10MG SDV OXYGEN PER HR PRIVATE PRIVATE PRIVATE PRIVATE COMPLETE CBC AUTOMATED CL VENOUS BLD BY VENIPUNCTURE BASIC METABOLIC CALCIUM TOTAL	1070.00 1070.00 73.00 26.00 1070.00 1070.00 1070.00 151.00 10.00 158.00	1070.00 1070.00 73.00 26.00 1070.00 1070.00 1070.00 151.00 10.00 158.00	
	Total	6838.00	6838.00	

For information on our interest free financing option through CarePayment, or questions regarding this statement, please call our customer service department at 850-908-2000 or email billing@bhcpns.org.



Your personal physician, as well as other health care professionals, will bill you separately for services that are not included as part of your hospital bill. This can include fees related to anesthesiologists, pathologists, and radiologists, etc.

For questions regarding your statement, please call our customer service department at 850-908-2000 or email billing@bhcpns.org.

Customer service representatives are available Monday through Friday, 8:30am - 5:00pm.