

**City Ambulance of Eureka Inc.
135 W Seventh St
Eureka CA 95501**

Patient #: 56173	Guarantor Name/Address	Last Payment:	07/02/2015
OJALA, GEORGE P	OJALA, GEORGE P	Last Patient Payment:	
		Last Service:	03/26/2015

Patient Comments:

NO PATIENT COMMENTS ON FILE

<u>Call Number</u>	<u>Call Date</u>	<u>Current Schedule</u>	<u>Current Event</u>	<u>Assign</u>	<u>Charges</u>	<u>Credits</u>	<u>Balance</u>
F133915	03/26/2015	COLL	COLL		1163.03	1048.86	114.17
Pick-Up Location:	SCENE		Drop Off Location:	RMH/3300 RENNER DR			

Call Comments

06/15/2015 11:52:01 MAILED CLAIM WITH RUN REPORT

06/18/2015 12:54:48 PT HAS MCARE PART A AND B SENDING CLAIM; IF PT CALLS WE HAVE BILL VA WITH NO RESPONSE THEY WILL NEED TO CALL VA TO FOLLOW UP ON STATUS;

06/22/2015 09:09:19 PT CALLED TOLD HIS FOR THIS DATE OF SERVICE WE HAVE FILED TO MEDICARE AND ARE ASKING PT TO CONTACT VA TO HAVE THEM PROCESS CLAIM. HE SAID HE WOULD CONTACT VA. AND UNDERSTOOD THAT WE FILE TO MEDICARE AND WILL REFUND WHEN VA PAYS.

Patient #: 56173	Patient Balance For Calls On This Report:	114.17
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Medicare Summary Notice for Part B (Medical Insurance)

The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

5-DIGIT 95528

5919 0.5234 AV 0.388



GEORGE P OJALA

19

THIS IS NOT A BILL

Notice for George P Ojala

Medicare Number

Date of This Notice **September 15, 2015**

Claims Processed **June 17 –**
Between **September 15, 2015**

Your Claims & Costs This Period

Did Medicare Approve All Services? **YES**

See page 2 for how to double-check this notice.

Total You May Be Billed **\$110.07**

Your Deductible Status

Your deductible is what you must pay for most health services before Medicare begins to pay.

Part B Deductible: You have now met your **\$147.00** deductible for 2015.

Providers with Claims This Period

March 26, 2015

City Ambulance Of Eureka Inc

Be Informed!

Medicare Open Enrollment is from October 15 to December 7. You can compare and change your health and drug plan coverage. If you like your current plan, you don't have to do anything. Call 1-800-MEDICARE (1-800-633-4227) for more information.

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en español.

如果需要国语帮助, 请致电联邦医疗保险, 请先说“agent”, 然后说“Mandarin”.

1-800-MEDICARE (1-800-633-4227)

Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for doctors' services, diagnostic tests, ambulance services, and other health care services.

Definitions of Columns

Service Approved?: This column tells you if Medicare covered the service.

Amount Provider Charged: This is your provider's fee for this service.

Medicare-Approved Amount: This is the amount a provider can be paid for a Medicare service. It may be less than the actual amount the provider charged.

Your provider has agreed to accept this amount as full payment for covered services. Medicare usually pays 80% of the Medicare-approved amount.

Amount Medicare Paid: This is the amount Medicare paid your provider. This is usually 80% of the Medicare-approved amount.

Maximum You May Be Billed: This is the total amount the provider is allowed to bill you and can include a deductible, coinsurance, and other charges not covered. If you have Medicare Supplement Insurance (Medicap policy) or other insurance, it may pay all or part of this amount.

March 26, 2015

City Ambulance Of Eureka Inc, (707)425-4252

135 W 7Th St, 135 W 7Th St, Eureka, CA 95501-0229

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Ambulance service, advanced life support, emergency transport, level 1 (als1-emergency) (A0427-SH)	Yes	\$995.00	\$458.93	\$359.80	\$91.79	A
Ground mileage, per statute mile (A0425-SH)	Yes	163.93	91.38	71.64	18.28	A
Total for Claim #02-15170-121-290		\$1,158.93	\$550.31	\$431.44	\$110.07	

Notes for Claims Above

A After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.



HCFS Healthcare Financial Services, LLC
 ALCOA BILLING CENTER
 3429 REGAL DR
 ALCOA TN 37701-3265

**DETACH AND RETURN THIS COUPON WITH
 THE REVERSE SIDE COMPLETED TO PAY BY
 CREDIT CARD, TO PROVIDE INSURANCE
 INFORMATION OR FOR CHANGE OF ADDRESS.**

Credit card charges will appear as "Team Health"

Patient Name: GEORGE P OJALA AMT DUE: \$77.15

PHYSICIAN SERVICES RENDERED AT: REDWOOD MEMORIAL HOSPITAL



53643898-507-3226
 PS ▲ 0 0 0 4 8 6
 GEORGE P OJALA

507
 CHASE DENNIS EMERGENCY MEDICAL
 DEPT: A B C (check one - see reverse)
 3429 REGAL DR
 ALCOA TN 37701-3265



018000536438989034507833380322620000771560

↑ Detach Here ↑

DATE	INVOICE#	DESCRIPTION	PROVIDER	DEBITS	CREDITS
01/06/16	160032576	EDI AUTOMATIC MEDICARE/RR PAYMENT			\$94.69
01/06/16	160032576	CONTRACTUAL ADJUSTMENT			\$345.16

IF YOU ARE UNINSURED OR HAVE HIGH MEDICAL COSTS, PLEASE CONTACT OUR CALIFORNIA DISCOUNT REP AT 1-888-952-6772 FOR INFORMATION ON DISCOUNTS AND PROGRAMS FOR WHICH YOU MAY BE ELIGIBLE, INCLUDING THE MEDI-CAL PROGRAM. IF YOU HAVE COVERAGE, PLEASE TELL US SO THAT WE MAY BILL YOUR PLAN.

PHYSICIAN SERVICES BILL AND IS SEPARATE FROM THE HOSPITAL BILL

STATEMENT DATE: 02/15/16 TOTAL NOW DUE: \$77.15

HAVE YOU OVERLOOKED... VISIT... PAST DUE. TO AVOID FURTHER ACTION ON YOUR ACCOUNT, PLEASE MAIL YOUR PAYMENT TODAY OR VISIT OUR WEBSITE AT WWW.THBILLPAY.COM TO PAY BY CREDIT CARD.

For Billing Inquiries, call 888-952-6772 on Monday through Friday, from 8am to 8pm and Saturday from 10am to 3pm Eastern Time.
SEND US YOUR INFORMATION OVER THE WEB!

You may now provide insurance information and make credit card payments at <http://www.thbillpay.com/>

↓ Detach Here ↓

PAYMENT COUPON - RETURN WHEN PAYING BY CHECK OR MONEY ORDER

PATIENT NAME: GEORGE P OJALA ACCT#: 53643898-507-3226 CHECK#: _____ AMT PAID: _____

PHYSICIAN SERVICES RENDERED AT: REDWOOD MEMORIAL HOSPITAL

DO NOT STAPLE OR TAPE YOUR CHECK OR MONEY ORDER TO THIS COUPON

CHECK HERE FOR CHANGE OF ADDRESS

MAKE CHECKS PAYABLE TO:

53643898-507-3226
 George P Ojala

507
 CHASE DENNIS EMERGENCY MEDICAL
 PO BOX 740023
 CINCINNATI OH 45274-0023

018000536438989034507833380322620000771560