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

Patient #: 56173 OJALA, GEORGE P		Guarantor Name/Address OJALA, GEORGE P			Last Payment: Last Patient Payment: Last Service:	07/02/2015 03/26/2015		
Patient Comments:								
	NO PATIEN	T COMMENTS ON FILE						
Call Number	Call Date	Current Schedule	Current Event	Assign	Charges	Credits	Balance	
F133915	03/26/2015	COLL	COLL		1163.03	1048.86	114.17	
Pick-Up Location: So	CENE		Drop Off L	ocation:	RMH/3300 RENNER DR			
Call Comments								
06/15/2015 11:52:01	MAILED CLA	AIM WITH RUN REPORT						
06/18/2015 12:54:48		ARE PART A AND B SEND TO FOLLOW UP ON STA		ALLS WE H	AVE BILL VA WITH NO RE	SPONSE THE		
06/22/2015 09:09:19	VA TO HAVE		AIM. HE SAID HE WO		ED TO MEDICARE AND AR ACT VA. AND UNDERSTO			
Patient #: 56173		Patient Balance Fo	or Calls On This R	eport:	114.17			

Medicare Summary Notice for Part B (Medical Insurance)



TOF PART B (IVIEQICAL INSURANCE) The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

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THIS IS NOT A BILL

Notice for George P.Ojala	
Medicare Number	
Date of This Notice September 15, 20	15
Claims Processed June 17 –	
Between September 15, 20	15

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.

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.

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

Providers with Claims This Period

March 26, 2015 City Ambulance Of Eureka Inc PD16028003

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 Belov
Ambulance service, advanced life support, emergency transport, level I (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
otal for Claim #02-15170-121-290)	\$1,158.93	\$550.31	\$431.44	\$110.07	

Notes for Claims Above

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

PO BOX 1903 OAKHURST, CA 93644

Grant Mercantile Agency

(559)683-4651

02/02/16

Desk : 57

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OJALA, GEORGE P

284

CIT	RENCE ; Y AMBULANCE OF EUR 3915	
	SERVICE FEE :	.00
	PRINCIPAL :	114.17
	INTEREST :	9.79
	IOTAL DUE :	123.96

YOUR ACCOUNT IS ASSIGNED TO GRANT MERCANTILE AGENCY, A COLLECTION AGENCY. THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. INTEREST, IF ADDED ACCRUES AT 10% PER YEAR. THE STATE ROSENTHAL FAIR DEBT COLLECTION PRACTICES ACT AND THE FEDERAL FAIR DEBT COLLECTION PRACTICES ACT REQUIRE THAT, EXCEPT UNDER UNUSUAL CIRCUMSTANCES, COLLECTORS MAY NOT CONTACT YOU BEFORE 8A.M. OR AFTER 9P.M. THEY MAY NOT HARASS YOU BY USING THREATS OF VIOLENCE OR ARREST OR BY USING OBSCENE LANGUAGE. COLLECTORS MAY NOT USE FALSE OR MISLEADING STATEMENTS OR CALL YOU AT WORK IF THEY KNOW OR HAVE REASON TO KNOW THAT YOU MAY NOT RECEIVE PERSONAL CALLS AT WORK. FOR THE MOST PART COLLECTORS MAY NOT TELL ANOTHER PERSON, OTHER THAN YOUR ATTORNEY OR SPOUSE, ABOUT YOUR DEBT. COLLECTORS MAY CONTACT ANOTHER PERSON TO CONFIRM YOUR LOCATION OR ENFORCE A JUDGMENT. FOR MORE INFORMATION ABOUT DEBT COLLECTION ACTIVITIES, YOU MAY CONTACT THE FEDERAL TRADE COMMISSION AT 1-877-FTC-IIELP OR <u>WWW.FTC.GOV</u>. NONPROFIT CREDIT COUNSELING SERVICES MAY BE AVAILABLE IN THE AREA. THE ROSENTIAL ACT, CALIFORNIA CIVIL CODE SECTION 1788.21 ALSO REQUIRES THAT YOU NOTIFY YOUR CREDITOR OF YOUR CHANGE IN NAME, ADDRESS OR EMPLOYMENT.

UNLESS YOU NOTIFY THIS OFFICE WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE THAT YOU DISPUTE THE VALIDITY OF THIS DEBT OR ANY PORTION THEREOF, THIS OFFICE WILL ASSUME THIS DEBT IS VALID. IF YOU NOTIFY THIS OFFICE IN WRITING WITHIN 30 DAYS FROM RECEIVING THIS NOTICE, THIS OFFICE WILL OBTAIN VERIFICATION OF THE DEBT OR OBTAIN A COPY OF A JUDGMENT AND MAIL YOU A COPY OF SUCH JUDGMENT OR VERIFICATION. IF YOU REQUEST THIS OFFICE IN WRITING WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE, THIS OFFICE WILL PROVIDE YOU WITH THE NAME AND ADDRESS OF THE ORIGINAL CREDITOR, IF DIFFERENT FROM THE CURRENT CREDITOR.

When you choose to make a payment with your bank account via the IVR system and you enter your Reference Number when prompted, you are authorizing GMA to debit your bank account via ACH for payment of the debt owed.

- PLEASE RETURN THIS PORT	FION WITH YOUR PAYMENT
PAY TODAY USING OUR AUTOMATED PHONE SYSTEM 1-88-TO PAY GMA (1-888-672-9462) PAY TODAY ONLINE WWW.PAYGMA.COM	IF PAYING BY CREDIT CARD, PLEASE FILL OUT SECTION BELOW
01CAE10002021653 OJALA.GEORGE P ACCOUNT# F133915 TOTAL BALANCE DUE 123.96	
New Address:	AMOUNT:

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

P OJALA AMT DUE: \$77.15

PHYSICIAN SERVICES RENDERED AT: REDWOOD MEMORIAL HOSPITAL

33

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

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

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DATE	INVOICE#	DESCRIPTION			DROVIDER				
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IF DISCO	YOU ARE UN DUNTS AND PF	INSURED OR HAVE HIGH MEDICAL COSTS ROGRAMS FOR WHICH YOU MAY BE ELIGI	S, PLEASE CONTAG BLE, INCLUDING T MAY BILL	HE MEDI-	CAL PROGRAM.	OUNT REP AT 1- F YOU HAVE CO	888-952-6772 F0 VERAGE, PLEA	OR INFORMATI SE TELL US SO	ON ON D THAT WE
			SERVICES BILL						
			TATEMENT	DATE.	02/15/16	10	TAL NOW	DUE:	\$77.15
Fo		uiries, call 888-952-6772 on Monda SEND US You may now provide insurance info	YOUR INFOR	MATION ake cred	OVER THE V	VEB!			Time.
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71-12-2-4 June -		EORGE P OJALA ACCT#: 5364	WHEN P		GBYCH			Y ORDE	R
		ES RENDERED AT: REDWOOD MEM			DO	NOT STAPLE C	R TAPE YOU	R CHECK	
CHECK HERE FOR CHANGE OF ADDRESS						MONEY ORDER		UPON	
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	53643898-5 George F				PO BOX CINCINN	DENNIS EME 740023 IATI OH 4527	4-0023		

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