



PO Box # 561538
Denver, CO 80256-1538

Acct #	Total Charges	Current Balance
[REDACTED]	\$18,735.93	\$1,270.45

Addressee:

Claire Josephine Lang-Ree



For Lang-Ree, Claire Josephine visit on 10/13/20 to Penrose Hospital, this reflects the total charges of \$18,735.93 as of 11/25/20 and the current balance for the visit is \$1,270.45. This is not a bill. This is an itemization of the services provided during your visit. Thank you for choosing Centura for your healthcare needs.

Questions? Call (800) 953-0104
Customer service representatives are available
8:00 AM to 5:00 PM (except holidays).

Coverage(s) on file
Blue Cross Blue Shield/Anthem
- Blue Cross Blue Shield

Svc Dt	CPT(R) Code	Description	Rev Code	Qty	Amount
10/13/20	636000003	MORPHINE 4 MG/ML SYRINGE	0250- PHARMACY - GENERAL CLASSIFICATIO N	1	\$90.00
10/13/20	636000007	ONDANSETRON 4 MG/2 ML SOLUTION	0250- PHARMACY - GENERAL CLASSIFICATIO N	4	\$90.00
10/13/20	636000008	IOHEXOL 350 MG IODINE/ML SOLUTION	0636- PHARMACY - EXTENSION OF 025X - DRUGS REQUIRING DETAILED CODING	75	\$192.59
10/13/20	74177	HC CT ABD PELVIS W CONTRAST	0352-CT SCAN - BODY SCAN	1	\$9,885.73
10/13/20	80053	HC COMPREHENSIVE METABOLIC PANEL	0301- LABORATORY - CHEMISTRY	1	\$206.88
10/13/20	81003	HC URINALYSIS AUTO W/O SCOPE	0307- LABORATORY - UROLOGY	1	\$86.49
10/13/20	81025	HC PREGNANCY TEST URINE	0307- LABORATORY - UROLOGY	1	\$67.36

Svc Dt	CPT(R) Code	Description	Rev Code	Qty	Amount
10/13/20	83690	HC LIPASE ASSAY	0301-LABORATORY - CHEMISTRY	1	\$258.23
10/13/20	85025	HC CBC WITH AUTO DIFF	0305-LABORATORY - HEMATOLOGY	1	\$216.89
10/13/20	96374	HC IV PUSH SINGLE OR INITIAL DRUG	0450-EMERGENCY ROOM - GENERAL CLASSIFICATION	1	\$722.50
10/13/20	96375	HC IV PUSH SEQUENTIAL NEW DRUG	0450-EMERGENCY ROOM - GENERAL CLASSIFICATION	1	\$722.50
10/13/20	99284	HC ED LEVEL IV	0450-EMERGENCY ROOM - GENERAL CLASSIFICATION	1	\$6,190.25
10/13/20	G1004	HC CDSM NATIONAL DECISION SUPPORT COMPANY	0352-CT SCAN - BODY SCAN	1	\$0.01
10/14/20	250000001	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	0250-PHARMACY - GENERAL CLASSIFICATION	1	\$6.50

Hospital Payments and Adjustments

Date	Description	Amount
	Blue Cross Blue Shield/Anthem Payments and Adjustments	-\$17,315.48
	Deductible: \$25.88	
	Coinsurance: \$1,394.57	
10/13/20	PATIENT PMT - CASH DRAWER/FRONT END [REDACTED]	-\$150.00



ISSUE DATE
11/04/2020

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JENNIFER L LANG REE
[REDACTED]

Sequence Number: [REDACTED]
 Subscriber's Name: JENNIFER L LANG REE
 Identification Number: [REDACTED]
 Group Number: [REDACTED]
 Group Name: TAHOE FOREST HOSPITAL DISTRICT
 Product: Medical Plan
 Claim Number: [REDACTED]
 Claim Processed Date: 10/23/2020

Patient's Name: CLAIRE LANG REE
 Service Date: 10/13/2020 - 10/14/2020
 Total Billed: \$18,735.92

Provider of Services: PENROSE ST FRANCIS HEALTH
 Place of Service: Outpatient
 Patient Acct. Number: [REDACTED]

Amount Paid: \$5,578.30
 Penalty Amount: \$0.00
 It is your responsibility to pay: \$1,420.45

To: PENROSE ST FRANCIS HEALTH
 It is not your responsibility to pay: \$11,737.17

Service Date(s)	Type of Service	Total Billed	Patient Savings/Msg	Applied to Deductible	Coinsurance Copayment Amount	Other Amount/Msg	Payment Amount
10/13/2020 - 10/13/2020	Drugs-General	\$90.00	\$90.00 / 01	\$0.00	\$0.00	\$0.00	\$0.00
10/13/2020 - 10/13/2020	Drugs-General	\$90.00	\$90.00 / 01	\$0.00	\$0.00	\$0.00	\$0.00
10/13/2020 - 10/13/2020	Laboratory	\$206.88	\$206.88 / 01	\$0.00	\$0.00	\$0.00	\$0.00
10/13/2020 - 10/13/2020	Laboratory	\$258.23	\$258.23 / 01	\$0.00	\$0.00	\$0.00	\$0.00
10/13/2020 - 10/13/2020	Laboratory	\$216.89	\$216.89 / 01	\$0.00	\$0.00	\$0.00	\$0.00
10/13/2020 - 10/13/2020	Laboratory	\$86.49	\$86.49 / 01	\$0.00	\$0.00	\$0.00	\$0.00
10/13/2020 - 10/13/2020	Laboratory	\$67.36	\$67.36 / 01	\$0.00	\$0.00	\$0.00	\$0.00
10/13/2020 - 10/13/2020	CT Scan	\$9,885.73	\$8,004.73 / 04	\$25.54 / 02	\$371.09 / 03	\$0.00	\$1,484.37
10/13/2020 - 10/13/2020	Emergency Room	\$722.50	\$722.50 / 01	\$0.00	\$0.00	\$0.00	\$0.00
10/13/2020 - 10/13/2020	Emergency Room	\$722.50	\$722.50 / 01	\$0.00	\$0.00	\$0.00	\$0.00
10/13/2020 - 10/13/2020	Emergency Room	\$6,190.25	\$1,097.25 / 04	\$0.00	\$1,018.60 / 03	\$0.00	\$4,074.40
10/13/2020 - 10/13/2020	Drugs	\$192.59	\$167.84 / 04	\$0.34 / 02	\$4.88 / 03	\$0.00	\$19.53
10/14/2020 - 10/14/2020	Drugs-General	\$6.50	\$6.50 / 01	\$0.00	\$0.00	\$0.00	\$0.00
Total This Claim		\$18,735.92	\$11,737.17	\$25.88	\$1,394.57	\$0.00	\$5,578.30

DETAIL MESSAGE:

- 01 - We covered this as part of another service. The member isn't responsible for any additional amount.
 02 - We applied this amount to your deductible. Your deductible is the amount you pay for health care before we start sharing the costs.
 03 - This is your share of the cost (coinsurance).
 04 - This is the amount in excess of the maximum allowed amount for a participating provider. The member, therefore, is not responsible for this amount.

FOR INFORMATION CALL:

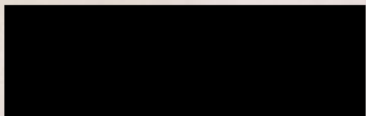
CUSTOMER SERVICE DEPARTMENT AT:
 1-877-616-8456

MAIL ALL INQUIRIES OR CLAIMS TO:

ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE CO
 P. O. BOX 60007
 LOS ANGELES, CA 90060-0007

WE SUGGEST THAT YOU RETAIN THIS COPY FOR YOUR INCOME TAX RECORDS

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
Account Summary


Guarantor Name:	Claire Josephine Lang-Ree
Guarantor Number:	[REDACTED]
Charges	\$18,735.93
Total Payments <i>includes 150 pd.</i>	-\$5,728.30
Total Adjustments	-\$11,737.18
Total Outstanding Balance	\$1,270.45


Amount Due Upon Receipt **\$1,270.45**

(The amount due above should be paid within 30 days of receiving this statement)

Payment Options

 To pay online, visit Centura.org and select Pay Bills Online (Available 24/7)

 To pay by phone or discuss a suitable payment arrangement, dial 888-347-3295 or 303-552-3024 (Available Monday - Friday, 8 AM - 5 PM MT)




 Mail in the payment to us using the coupon below

Need Assistance?

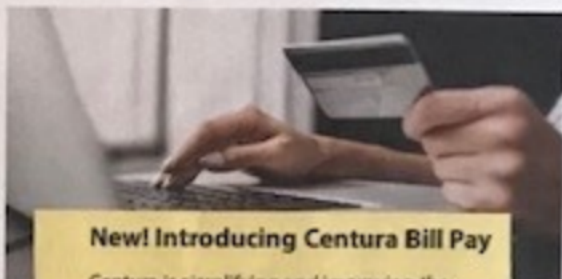
Financial assistance is available to eligible patients. Learn more by visiting www.centura.org/patients-and-families/billing-and-financial-services/financial-help



Access your care team anytime, from anywhere.
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-  Message your care team
-  Manage appointments
-  Access lab results

If you have technical issues, call 866-414-1562 for support.

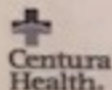


New! Introducing Centura Bill Pay

Centura is simplifying and improving the patient billing experience with Centura Bill Pay, a new digital payment solution that offers more flexibility and convenience. Sign up at <https://www.centura.org/billpay> to:

- View balances, consolidated monthly statements and insurance adjustments - all in one place.
- Make a one-time payment or set up a payment plan

If paying by mail, please detach and return this coupon with payment



2800 North Loop W Ste 150
 Houston, TX 77092

Electronic Service Requested

- *Please check box if address is incorrect or if insurance has changed and indicate change(s) on reverse.
 *Favor de marcar el cuadro si la dirección de envío está incorrecta o la información a cambiado y indique los cambios en el lado opuesto de la hoja.

IF PAYING BY CREDIT CARD, PLEASE COMPLETE THIS FORM			
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER			
NAME ON CARD			EXPIRATION DATE
SIGNATURE			AMOUNT PAID
			\$
Amount Due		Pay By	Statement Date
\$1,270.45		Upon Receipt	12/31/20

If no amount is indicated in AMOUNT PAID blank above, balance in full will be applied.

