



BUSINESS OFFICE  
PO BOX 3177  
PORTLAND OR 97208

## EXPLANATION OF CHARGES THIS IS NOT A BILL.

### Customer Service

Phone: 1-866-747-2455

Hours: MONDAY - FRIDAY: 8:00 AM - 5:00 PM



[REDACTED]

DOC # 3506  
BOX 888, TRU  
MONROE, WA 98272

### Patient Information

Date: 11/30/12

Name [REDACTED]  
 Guarantor Account Id 151440  
 Account Number [REDACTED]  
 Date of Service 08/14/2012 - 08/26/2012  
 Service Provided inpatient  
 Total Charges \$ 120,318.82  
 Insurance OFFENDERS HEALTH PLAN MONROE CC

### Secondary

If you have questions about this account. Uninsured patients may qualify for free or reduced cost medical care. Contact us for information.

Thank you for choosing Providence Health & Services for your health care services. This statement lists a summary of the charges for [REDACTED] who had Inpatient procedure services on 08/14/2012. These services were requested or provided by MARANDI, PATRIS. If the insurance information listed above is incorrect or missing please contact us.

### Charge Activity

Date of Service	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
08/14/12	ROOM & BOARD - SEMI-PRIVATE TWO BED (MEDICAL OR GENERAL) - GENERAL CLASSIFICATION	22,980.00			
to	PHARMACY - GENERAL CLASSIFICATION	12,048.71			
08/26/12	MEDICAL/SURGICAL SUPPLIES AND DEVICES - STERILE SUPPLY	12,938.69			
	MEDICAL/SURGICAL SUPPLIES AND DEVICES - OTHER IMPLANT	159.20			
	LABORATORY - GENERAL CLASSIFICATION	1,230.72			
	RADIOLOGY - DIAGNOSTIC - GENERAL CLASSIFICATION	2,146.94			
	CT SCAN - GENERAL CLASSIFICATION	1,500.44			
	OPERATING ROOM SERVICES - GENERAL CLASSIFICATION	53,340.70			
	ANESTHESIA - GENERAL CLASSIFICATION	6,844.52			
	RECOVERY ROOM - GENERAL CLASSIFICATION	3,621.47			
	EKG/ECG (ELECTROCARDIOGRAM) - GENERAL CLASSIFICATION	154.75			
	OTHER THERAPEUTIC SERVICES - GENERAL CLASSIFICATION	352.88			
	<b>Total</b>	<b>120,318.82</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
	<b>Patient Balance</b>				<b>0.00</b>
<b>Balance Due</b>					<b>0.00</b>