

COLORADO IMAGING ASSOCIATES PC
PO BOX 281009
LAKEWOOD, CO 80228

CENTURA RADIOLOGISTS
OFFICE HOURS: MON-FRI 8:00am-4:30pm
OUR PHONE NO: 303-813-9616
STATEMENT FOR READING OF X-RAYS ONLY
*****VISA/MASTERCARD ACCEPTED*****

LAWTON, HARVEY P

1

8620 W 93rd Pl
Broomfield CO 80021-5324



INCLUDE NAME AND ADDRESS ON RETURN ENVELOPE

ACCOUNT NO.	PATIENT NAME	AMT. ENCLOSED
1896565	LAWTON, HARVEY P	

STATEMENT DATE 4/29/02

PLEASE RETURN THIS PORTION OF THE STATEMENT WITH YOUR PAYMENT

COLORADO IMAGING ASSOCIATES PC

TEAR PERFORATION BELOW

PO BOX 281009

LAKEWOOD, CO 80228

ACCOUNT NO	PATIENT NAME	SEX	DATE OF BIRTH	RELATIONSHIP TO INSURED	DATE OF OCCURENCE	PATIENT PHONE NO	MAR. STATUS
1896565	LAWTON, HARVEY P	M	3/16/1955	SELF	4/19/02	303/940-7435	M
INS CO.	SUBSCRIBER	GROUP NO.	OTHER INS CO	SUBSCRIBER NO.	GROUP NO.	OUR PHONE NO	
						303-813-9616	
REFERRING PHYSICIAN	ATTENDING PHYSICIAN	GUARANTOR EMPLOYER				OUR FEDERAL TAX ID	
SHIELDS BRIAN T		LAWTON CONSULTING				84-0592164	

DATE	PROCEDURE/CPT	DESCRIPTION	DEPT CODE	CHARGES	CREDITS	BALANCE
4/19/02	72020 26		NEG	26.00	P .00	26.00
		X-RAY EXAM OF SPINE				
4/19/02	72050 26		NEG	44.20	P .00	44.20
		X-RAY EXAM OF NECK SPINE				

DEPARTMENT CODES

NEG WHITAKER NORTH EMER

PLEASE
PAY THIS
AMOUNT

70.20

REMARKS

THANK YOU FOR USING COLORADO IMAGING ASSOCIATES. IF YOU HAVE INSURANCE,
PLEASE HAVE YOUR INSURANCE CARD AVAILABLE AND CALL US AT 303.813.9616.

CENTURA HEALTH
ST. ANTHONY HOSPITAL - NORTH
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 1
04/29/02 11:59

PATIENT NAME: LAWTON, HARVEY P

ACCOUNT NBR: 001896565-0001
BILLING PERIOD: 04/19/02 04/29/02

BILL TO
HARVEY P LAWTON
8620 W 93RD PLACE
BROOMFIELD CO 80021
US

SRV DATE	REF NBR	DESCRIPTION	
04/19/02	60720201	XR CERVICAL SPINE ONE VIEW	191.94
04/19/02	60720500	CERVICAL SPINE LIMITED	381.96
04/19/02	72210003	ER E&M LEVEL III	509.28
04/19/02	00025248	FLEXERIL 10MG TAB	9.90

REMIT TO
ST. ANTHONY HOSP-NORTH
DEPT 729

DENVER

CO 802910729

BEGINNING BALANCE	0.00
NEW CHARGES/ADJUSTMENTS	1093.08
NEW PAYMENTS/CREDITS	0.00
CURRENT ACCOUNT BALANCE	1093.08

MAKE CHECK PAYABLE TO: ST. ANTHONY HOSP-NORTH

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
PATIENT PYMT- SPS PHONE: (303) 715-7000