PATIENT ACCOUNTING SERVICES
2525 S. DOWNING ST.
DENVER CO 80210

TOLL-FREE: 800-369-4000

PASC: K4232520
PAGE: 1

AN102

ADDRESSEE:

K4232520 SPS 18965650001

LAWTON, HARVEY P
8620 W 93RD PLACE
BROOMFIELD, CO 80021-5324

CARD NUMBER			AMOUNT
SIGNATURE			EXP. DATE
4721 STATEMENT DATE	PAY THIS AMOUNT	ACCT. #	BALANCE
04-30-2002	1093.08	18965650001	1093.08
SHOW AMOUNT PAID HERE $			

REMIT TO:

ST. ANTHONY HOSPITAL NORTH
DEPT 9116

DENVER CO 80281-9116

00189656500015 001093087 540000911628

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT – *POR FAVOR SEPARAR Y VOLVER CIMA PORCION CON SU PAGO*

BALANCE DUE NOTICE

Thank you for choosing our facilities for your medical needs. This statement represents charges that are due from you, as our system shows no medical insurance is outstanding for payment. Please remit your payment in full or contact patient accounting for any assistance we can provide. If you have a question about how your insurance benefits or co-insurance amounts were determined, please contact your insurance company directly.

AVISO DEL SALDO DEBIDO

Gracias por escoger nuestras facilidades para su uso médico. Esta declaración representa los cargos que se deben por usted, nuestro sistema muestran que no sobresale ningun pago del seguro medico. Por favor remita su pago por completo o favor de contactar la oficina de contabilidad para cualquier ayuda que podamos proporcionar. Si usted tiene alguna pregunta acerca de cómo sus beneficios de seguro o cantidades co-seguro se determinados, por favor pongase en contacto directamente con su compañia de seguro medico.

PATIENT NAME	PROVIDER	ACCOUNT #	SERVICE DATE	TOTAL CHARGES	PAYMENTS	ADJUST.	BALANCE OWING
LAWTON, HARVEY P	St Anthony N	18965650001	04-19-2002	1093.08	0.00	0.00	1093.08

Sent to Keith 5/14/02 SM

PATIENT ACCOUNTING CUSTOMER SERVICE

On the Internet: http://www.centura.org/statement

Toll-Free / *Llamar Gratis A* 800-369-4000

WE ACCEPT PAYMENTS OVER THE PHONE AND ONLINE

Balance Due / *Saldo Debido*	1093.08
Statement Date / *Fecha de Factura*	04-30-2002
Account Number / *Numero de Cuenta*	18965650001
	PASC: K4232520

Make checks payable to / *Favor de remitir cheques a:* ST. ANTHONY HOSPITAL NORTH
DEPT 9116
DENVER CO 80281-9116

Phone Hours: M-Th 8am-7pm Fr 8am-6pm

If payment has been recently made, please disregard this notice. ***Si usted has mandado pago recientemente, favor descuidar esta factura.*** STAT1

4721*0NR17YFPU003674

PO Box 8270
Colorado Springs CO 80933

Address Service Requested

☐ MasterCard ☐ VISA ☐ DISCOVER

CARD NUMBER	AMOUNT
SIGNATURE	EXP. DATE

STATEMENT DATE	ACCOUNT #	PAY THIS AMOUNT
04/30/2002	1896565N001	$167.00

Office Hours: 7:30AM - 5PM Mon. - Thurs. & 7:30AM to 12PM Friday
Phone: 719/262-0511 Toll Free: 1-800-653-0780

Patient: LAWTON HARVEY P

AMOUNT PAID

If paying by check, please provide your account number on your check.

MAKE CHECK PAYABLE & REMIT TO:

*23 *********3-DIGIT 800

HARVEY P LAWTON 1896565N001
8620 W 93RD PL
BROOMFIELD CO 80021-5324

Western Emergency Physicians
PO Box 8270
Colorado Springs CO 80933

☐ PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON BACK.

PEAK0001-0051356-0004469-0174449-001-000122-#004586

DETACH HERE AND RETURN THIS TOP PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

DATE	CODE	DESCRIPTION OF SERVICES	AMOUNT
04/19/02	99283	EMERGENCY DEPT VISIT - MODERATE	$167.00

PAYMENT IS DUE UPON RECEIPT IF YOU HAVE INSURANCE AND WISH OUR OFFICE TO FILE A CLAIM, PLEASE CALL WITHIN THE NEXT TEN DAYS AND GIVE US THAT INFORMATION. **THANK YOU**

BALANCE DUE: $167.00

Patient: LAWTON HARVEY P	Account Number: 1896565N001	Statement Date: 04/30/2002
Location of Service	Referring Physician	Performing Physician
ST ANTHONYS NORTH	CASEY CAROL L PA	CAROL L CASEY PA

Estos son cargos por servicios proporcionados a usted.
Si tiene alguna pregunta con respecto a esta declaración, por favor llame a nuestra oficina al 1-800-653-0780 o 1-719-262-0511.

Western Emergency Physicians
PO Box 8270
Colorado Springs CO 80933

Phone: 719/262-0511 Toll Free: 1-800-653-0780

PEAK0001-0051356-0004469-0174449-001-000122-#004586