

3012 Summit Street, 4th Floor, Oakland, CA 94609

FOR YOUR INFORMATION ONLY

This is a summary of recent services provided

Account Summary

EMILY SU
16 HIGHLAND BLVD
KENSINGTON CA 94707

B 408-408



00408
fqb4a

Patient Name EMILY SU
Statement Date 12/13/07
Service Date(s) 12/05/07-12/08/07
Account Number 0721400536
Total Payments and Adjustments \$0.00
Account Balance \$33,994.90
Services rendered at: Alta Bates-Inpatient



If address is incorrect or insurance information has changed, please check box, indicate changes on reverse side, detach top portion, and return only this portion in the enclosed envelope. Keep lower portion for your records.

Summary of Patient Charges

Description	Amount
SEMI PRIVATE OBSTETRIC	\$12,618.00
PHARMACY	\$794.10
IV SOLUTIONS	\$357.28
NONSTERILE SUPPLY	\$673.00
MED/SUR SUPPLIES STERILE	\$54.00
LAB/IMMUNOLOGY	\$475.00
LAB/HEMATOLOGY	\$323.00
LAB/OTHER	\$144.00
OR SERVICES	\$6,313.00
PULMONARY FUNC	\$92.00
DRUGS/DETAIL CODE	\$804.52
RECOVERY ROOM	\$9,617.00
LABOR & DELIVERY	\$1,730.00
TOTAL PATIENT CHARGES	\$33,994.90

Insurance Information

INSURANCE B/SHIELD ABMG IP/OP S
POLICY# XEHJ01976115

Questions

Billing questions or changes in insurance coverage?

If you would like to speak to a customer service representative Call (510) 869-6591, 9:00 am to 4:00 pm, weekdays or fax (510) 869-6203, 24 hours, 7 days a week.

Automated account information?

Call (510) 869-6591 and press Option 1, 24 hours, 7 days a week.

Itemized bill request? Call (510) 869-6591 and press Option 1, utilizing our automated system and follow the prompts.

Written correspondence?

Alta Bates Summit Medical Center
Business Office
3012 Summit Street, 4th Floor, Oakland, CA 94609

Financial Assistance Programs

Alta Bates Summit Medical Center provides various financial assistance programs to our patients who may face hardship in paying their medical bills.

- If your income is low and you are uninsured, you may qualify for charity care. For more information, please contact us at (510) 869-6591.
- If you are uninsured and do not qualify for charity care, you automatically receive our uninsured patient discount. This discount appears on your first billing statement.
- In addition to the uninsured patient discount, you may qualify for an uninsured prompt payment discount of 20% if payment in full is received within 30 days of your first statement. The statement date is in the Account Summary section above. A 10% uninsured discount may apply if payment in full is received between 31 and 60 days. If you are interested in this discount, please contact us at (510) 869-6591.





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Account Summary



00757
Eqb4a

EMILY SU
16 HIGHLAND BLVD
KENSINGTON CA 94707

B 757-757

Patient Name	BOY EMILY SU
Statement Date	12/13/07
Service Date(s)	12/05/07-12/08/07
Account Number	0733900830
Total Payments and Adjustments	\$0.00
Account Balance	\$5,694.33
Services rendered at:	Alta Bates-Inpatient



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Summary of Patient Charges

Description	Amount
NURSERY/LEVEL I	\$5,469.00
LABORATORY OR (LAB)	\$6.00
LAB/CHEMISTRY	\$101.75
DRUGS/DETAIL CODE	\$117.58

TOTAL PATIENT CHARGES \$5,694.33

Insurance Information

INSURANCE	B/SHIELD ABMG IP/OP S
POLICY#	XEHJ01976115

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*** See back of page for additional important billing information. ***

