



PATIENT'S NAME	ACCOUNT NO.	ADMISSION DATE	DISCHARGE DATE	STATEMENT DATE
HUSSY, EVELYN S	019499154-2230	08/20/02	08/23/02	09/25/02

IMPORTANT: PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE TO ASSURE PROPER CREDIT PLEASE DETACH AND RETURN TOP PORTION OF STATEMENT WITH YOUR PAYMENT. PLEASE WRITE ACCOUNT NUMBER ON YOUR CHECK.

CHECK HERE IF THERE ARE INSURANCE CHANGES NOTED ON THE BACK

CHARGE MY PAYMENT TO:  VISA  MASTER CARD  DISCOVER  AMERICAN EXPRESS

CHARGE AMOUNT	CARD NUMBER	EXPIRATION DATE	SIGNATURE OF CARDHOLDER
\$			X

AMOUNT ENCLOSED

HAVE YOU MOVED? IF SO, PLEASE INDICATE NEW ADDRESS AND PHONE IN THE BOX BELOW

(4)

0194991542230  
 EVELYN S HUSSY  
 1524 TRETTER DRIVE  
 PITTSBURGH PA 15227

SEND PAYMENT TO:  
 UPMC PRESBYTERIAN  
 P.O. BOX 382007  
 PITTSBURGH, PA 15250-8007  
 MAKE CHECK PAYABLE TO UPMC PRESBYTERIAN

**AMOUNT DUE** ▶ 0.00

DO NOT WRITE BELOW THIS SPACE

01949915422305000527166700000000001

PATIENT'S NAME	ACCOUNT NO.	STATEMENT DATE	PAGE NO.
HUSSY, EVELYN S	019499154-2230	09/25/02	1

INSURANCE PORTION IS COMPUTED ACCORDING TO THE INFORMATION SUPPLIED BY YOUR INSURANCE CARRIER

SERVICE DATE	REF. NO.	DESCRIPTION	TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
08/18/02	21401002	EKG TRACING WO INT & RPT UPM	151.75	151.75	
08/18/02	22000309	TROPONIN I	34.00	34.00	
08/18/02	22000326	ELECTROLYTE PANEL STA	33.00	33.00	
08/18/02	22002702	CREATININE STAT	14.25	14.25	
08/18/02	22002750	CK (CPK) TOTAL STAT	16.50	16.50	
08/18/02	22003250	ELECTROLYTES BUN CREAT STAT N	NO CHARGE		
08/18/02	22003361	CREATINE KINASE CK MB ISO STA	25.25	25.25	
08/18/02	22004253	GLUCOSE QUANT SERUM STAT	18.75	18.75	
08/18/02	22008333	T4 FREE BY EQUILIBRIUM DIALYS	111.00	111.00	
08/18/02	22009091	THYROID STIMULATING HORMONE	43.00	43.00	
08/18/02	22009104	BUN STAT	14.25	14.25	
08/18/02	25203240	CBC & DIFF & PLATELET STAT N	NO CHARGE		
08/18/02	25207364	CBC W/AUTO DIFF & PLT STAT	18.75	18.75	
08/18/02	25207602	PROTHROMBIN STAT	16.50	16.50	
08/18/02	25208852	ACTIVATED PTT STAT	18.75	18.75	
08/18/02	38501924	ALDOSTERONE	15.00	15.00	
08/18/02	24002004	ACUTY LEVEL 5	1,489.50	1,489.50	
08/18/02	24000362	IV START/RESTART	NO CHARGE		
08/18/02	333806200	CHEST SINGLE VIEW PORI	419.00	419.00	
08/18/02	333502528	LABETALOL 100MG/20ML IN	515.00	515.00	
08/18/02	333502560	METOPROLOL TARTRATE 50MG TA	5.00	5.00	
		QUANTITY OF 4			
08/18/02	333503136	PROMETHAZINE HCL 25MG/ML 1MLIN	16.25	16.25	
08/18/02	333503519	RAMIPRIL 10 MG TA	7.50	7.50	
		QUANTITY OF 3			
08/18/02	333504193	MORPHINE 4MG TUBEX IN	8.25	8.25	
08/18/02	333505882	LABETALOL 5MG/ML SYR. 4ML INJ	238.25	238.25	
08/18/02	333509999	PHARMACY NOTES & COMMENTS N	NO CHARGE		
08/18/02	24001800	PULSE OXIMETRY MLTI DETER	124.25	124.25	
08/18/02	36001011	OT HEAD W/O CONTRAST PURPOSES	1,521.25	1,521.25	
08/18/02	55710041	OBS BASE SEMI PVT 10S	340.00	340.00	

If you have any questions concerning this statement please contact:

BILLING INFORMATION SERVICES  
 412-432-5500

MONDAY-FRIDAY, 8 AM TO 4:30 PM  
 1-800-854-1745

TOTAL

INSURANCE PAYMENT DUE

PATIENT PAYMENT DUE