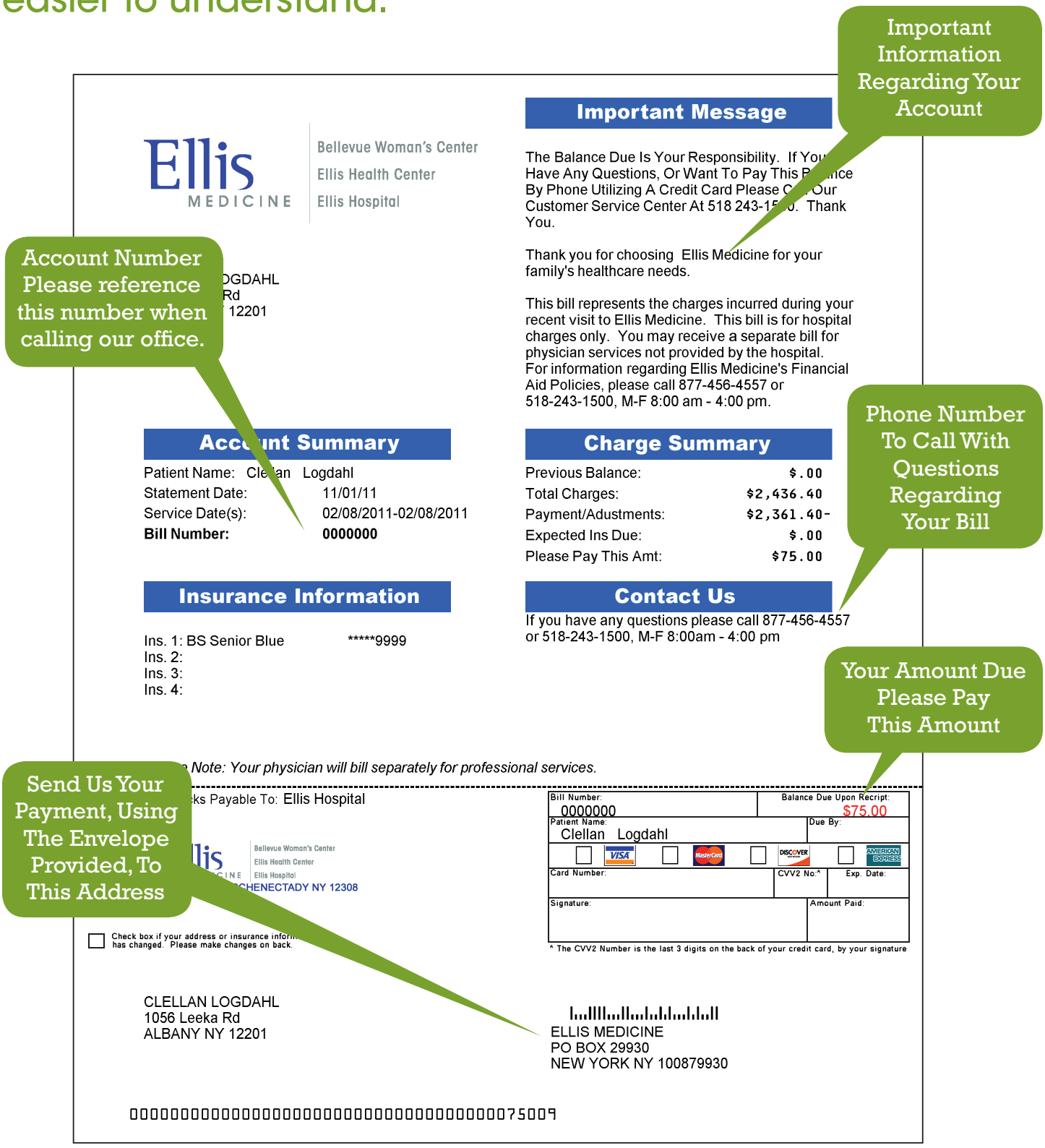
New Patient Friendly Statements

Our goal is to make these statements easier to understand.



Ellis MEDICINE

Bellevue Woman's Center
Ellis Health Center
Ellis Hospital

Important Message

The Balance Due Is Your Responsibility. If You Have Any Questions, Or Want To Pay This Balance By Phone Utilizing A Credit Card Please Call Our Customer Service Center At 518 243-1500. Thank You.

Thank you for choosing Ellis Medicine for your family's healthcare needs.

This bill represents the charges incurred during your recent visit to Ellis Medicine. This bill is for hospital charges only. You may receive a separate bill for physician services not provided by the hospital. For information regarding Ellis Medicine's Financial Aid Policies, please call 877-456-4557 or 518-243-1500, M-F 8:00 am - 4:00 pm.

OGDAHL
Rd
12201

Account Summary

Patient Name: Clellan Logdahl
Statement Date: 11/01/11
Service Date(s): 02/08/2011-02/08/2011
Bill Number: **0000000**

Charge Summary

Previous Balance:	$.00
Total Charges:	$2,436.40
Payment/Adustments:	$2,361.40-
Expected Ins Due:	$.00
Please Pay This Amt:	$75.00

Insurance Information

Ins. 1: BS Senior Blue *****9999
Ins. 2:
Ins. 3:
Ins. 4:

Contact Us

If you have any questions please call 877-456-4557 or 518-243-1500, M-F 8:00am - 4:00 pm

Note: Your physician will bill separately for professional services.

ks Payable To: Ellis Hospital

Bellevue Woman's Center
Ellis Health Center
Ellis Hospital
CHENECTADY NY 12308

Check box if your address or insurance inform has changed. Please make changes on back.

Bill Number: 0000000	Balance Due Upon Recript: $75.00
Patient Name: Clellan Logdahl	Due By:
VISA MasterCard DISCOVER AMERICAN EXPRESS	
Card Number:	CVV2 No:* Exp. Date:
Signature:	Amount Paid:

* The CVV2 Number is the last 3 digits on the back of your credit card, by your signature

CLELLAN LOGDAHL
1056 Leeka Rd
ALBANY NY 12201

ELLIS MEDICINE
PO BOX 29930
NEW YORK NY 100879930

00000000000000000000000000000000000000000000075009

Important Information Regarding Your Account

Account Number Please reference this number when calling our office.

Phone Number To Call With Questions Regarding Your Bill

Your Amount Due Please Pay This Amount

Send Us Your Payment, Using The Envelope Provided, To This Address

PLEASE NOTE: Physician statements have a green bar and hospital statements have a blue bar.

Ellis MEDICINE

Bellevue Woman's Center
Ellis Health Center
Ellis Hospital

Account Summary

Patient Name: Clellan Logdahl
Statement Date: 11/01/11
Service Date(s): 02/08/20
Bill Number:

Please Pay This Amt: **$75.00**

Please call us with any questions about your charges.

If you have any questions please call 877-456-4557 or 518-243-1500, M-F 8:00am - 4:00 pm

Charge Information

	Description	Amount
1	309 LAB/OTHER	12.00
1	307 LAB/UROLOGY	22.00
1	305 LAB/HEMATOLOGY	54.00
2	301 LAB/CHEMISTRY	143.00
1	324 DX X-RAY/CHEST	201.00
1	730 EKG/ECG	207.00
1	351 CT SCAN/HEAD	875.00
4	250 PHARMACY	15.40
1	450 EMERG ROOM	907.00

Please note: Hospital statements have a blue bar and physician statements have a green bar.

This is an itemization of your hospital charges. See our "Explanation of Charges" web page for more information.

Use this form to update your address or insurance information.

Please use this space to make corrections to your address or insurance information.

Name: _____ Account No: _____ Phone: _____

Address: _____

Business Phone: _____ Employer: _____

Employer Address: _____

Insurance Company: _____ Effective Date: _____

Insurance Company Address: _____ Phone: _____

Insurance Policy or Contact No: _____ Group No: _____

Policy Holder's Name: _____ Phone: _____

Policy Holder's Date of Birth _____ Policy Holder's Gender: ☐M ☐F Policy Holder's Social Security No: _____

Patient's Relationship to Insured: ☐ Self ☐ Spouse ☐ Child ☐ Other _____