

5834

St. Joseph's Hospital
 621 & 25th ST. - HIALEAH, FLA.

TYPE INSURANCE: Blue Cross
 OR PAYMENT: Blue Cross
 DATE: 5-12-65 TIME: 7:03 PM INITIALS: [Signature]
 ADMITTED: 5-12-65 TIME: 7:03 PM INITIALS: [Signature]
 DATE: 5-12-65 TIME: 7:03 PM INITIALS: [Signature]
 DISCHARGED: 5-12-65 TIME: 7:03 PM INITIALS: [Signature]
 DOCTOR: A. MARGAS

DATE	ROOM NO.	RATE	NO. DAYS
5-12-1965	52	21.00	

PATIENT'S NAME &
 [Redacted]

[Redacted]

DATE	ROOM NO.	RATE	NO. DAYS	CHARGE	DESCRIPTION	PAYMENTS	OLD PAID	DATE	BALANCE
21.00				21.00				5/12/65	21.00
21.00	83.00	15.25	25	76.00 + 2.00	LIVER SCAN				
				30.00 + 1.50	KIT				
21.00	11.00	6.00		9.75				21.00 APR 17 '65	327.00
21.00				5.00				327.00 APR 18 '65	439.75
21.00	6.00	26.50	2.00	10.00 + 1.50				439.75 APR 16 '65	611.25
21.00	3.00							611.25 APR 17 '65	625.25
21.00	13.00	3.50						625.25 APR 17 '65	672.75
21.00	2.00	3.25						672.75 APR 19 '65	700.00
	3.00	19.25						700.00 APR 20 '65	778.25
1.00			1.25	20.00 + 1.50				778.25 APR 21 '65	820.50
21.00		5.00						820.50 APR 23 '65	919.50
1.00	25.00	6.00	2.00	10.00 + 1.50				919.50 APR 24 '65	942.00
		3.00							
		10.00		10.00 + 1.50				942.00 APR 24 '65	943.00
21.00		2.50		10.00 + 1.50				943.00 APR 25 '65	977.00
21.00		10.00		10.00 + 1.50				977.00 APR 26 '65	1013.25
21.00		4.75		10.00 + 1.50				1013.25 APR 27 '65	1020.50
21.00		6.25		10.00 + 1.50				1020.50 APR 29 '65	1026.75
21.00	13.00	3.25	2.00	10.00 + 1.50					
TOTAL				1076.00					

PAID
 MAY 10 1965

CHECK NO. 3156

254/160 91 17.25 2.50 1.50

DISPOSITION OF CASE

FINAL DIAGNOSIS: _____

OPERATION: _____

WENT BE MADE TO SUBSCRIBER: YES _____ NO _____

TEST (NO) _____

COLUMN A	COLUMN B
16 ELECTROCARDIOGRAM	7 PATHOLOGY
18 ELECTROENCEPHALOGRAPH	9 X RAY THERAPY
19 PHYSICAL THERAPY	21 BLOOD & BLOOD PLASMA
20 TRANSFUSION SET UP	24 ORTHOPEDIC EQUIPMENT
23 EMERGENCY SERVICE	40 TEL & TEL.
27 RADIO ISOTOPES	

WE DO OUR BEST TO HAVE A FINAL BILL WHEN REQUESTED. AT TIME OF DISCHARGE THIS IS NOT ALWAYS POSSIBLE, SO MEDICINE GIVEN AND SERVICES RENDERED ON DAY OF DISCHARGE WHICH ARE NOT CHARGED WHEN PATIENT LEAVES THE HOSPITAL WILL BE BILLED LATER.

ADD INSURANCE BILL

DUE FROM PATIENT

LFSS PAYMENTS

BALANCE DUE

BY: H. M. SIMON, JR., M.D.
 RALPH L. PIPES, M.D.
 RADIOLOGISTS

OUR BUSINESS OFFICE IS CLOSED FROM SUNSET FRIDAY TO SUNSET SATURDAY.

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