

5834

*St. Joseph's Hospital*  
 601 & 25th ST. - HIALEAH, FLA.

TYPE INSURANCE: Blue Cross  
 OR PAYMENT: Blue Cross  
 DATE: 5-12-65 TIME: 7:03 PM INITIALS: [Signature]  
 ADMISSION: 5-12-65 TIME: 7:03 PM INITIALS: [Signature]  
 DATE: 5-12-65 TIME: 7:03 PM INITIALS: [Signature]  
 DISCHARGE: 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 & ADDRESS

ROOM NO. & DATE

DATE	ROOM NO.	RATE	NO. DAYS	CHARGE	DESCRIPTION	PAYMENTS	OLD BALANCE	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 + 2.00	1.50 + 3 KIT				
21.00	11.00	6.00		9.75				5/13/65	327.00
21.00				5.00				5/14/65	439.75
21.00	6.00	26.50	2.00	10.00 + 3.00				5/16/65	611.25
21.00	3.00							5/17/65	625.25
21.00	13.00	3.50						5/18/65	672.75
21.00	2.00	3.25						5/19/65	700.00
	3.00	19.25						5/20/65	778.25
1.00			1.25	20.00 + 3.00				5/21/65	820.50
21.00		5.00						5/23/65	919.50
1.00	25.00	6.00	2.00	10.00 + 1.00				5/24/65	942.00
		3.00		10.00 + 1.00				5/25/65	943.00
		10.00		10.00 + 1.00				5/25/65	977.00
21.00		2.50		10.00 + 1.00				5/26/65	1013.25
21.00		10.00		10.00 + 1.00				5/27/65	1023.25
21.00		4.75		10.00 + 1.00				5/28/65	1033.25
21.00		6.25		10.00 + 1.00				5/29/65	1043.25
21.00	13.00	3.00	2.00	10.00 + 1.00				5/29/65	1053.25
25/160 91 17.25 2.50 1.00				TOTAL CHARGES 1076.00		PAYMENTS 1076.00		BALANCE DUE 0.00	

**PAID**  
 MAY 10 1965

CHECK NO. 3156

DISPOSITION OF CASE

FINAL DIAGNOSIS: \_\_\_\_\_

OPERATION: \_\_\_\_\_

WENT BE MADE TO SUBSCRIBER: YES/NO

YES/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 ISOTOPIES	

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

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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