



**Cayuga
Medical Center
at Ithaca**

101 DATES DRIVE • ITHACA, NEW YORK 14850-1383

Any Questions
Regarding This
Bill... Please Call
607-274-4400

Office Hours:
8:00 AM - 4:30 PM
Monday - Friday
Tax ID No.: 22-2325405

1 Patient Name			
SAUNDERS, KEVIN E			
2 Service Date(s) From/Through	3 Statement Date	Page	
04/04/03 04/04/03	04/14/03	1	

4 This is the current insurance information on file
Please review and make corrections on the back of this form

Insurance Name	Policy #
1. PURE SELF PAY	431889647
2.	
3.	
4.	

5 If paying by CREDIT CARD, please complete this section

MasterCard VISA Discover American Express

Card # _____

Exp. Date ____ / ____ AMT. AUTHORIZED \$ _____

Signature _____

6 CHECK/M.O.

AMOUNT ENCLOSED

\$ _____

8 Make Checks Payable To
CAYUGA MEDICAL CENTER
101 DATES DRIVE
ITHACA, NEW YORK 14850-1383
Please Note Account Number on All Checks

SAUNDERS, KEVIN E
1668 TRUMANSBURG ROAD
ITHACA NY 14850

9 Account Number	10 Previous Balance	11 Charges	12 Est Ins Coverage	13 Payments/Adj's	14 Amt Due from Patient
43391507	0.00	595.00		48.67	643.67

To ensure proper credit to your account, detach top section and return with your payment

15 Account Number	16 Patient Name	17 Service Date(s)	18 Statement Dt	Page
43391507	SAUNDERS, KEVIN E	04/04/03 04/04/03	04/14/03	1

19 Date(s)	20 Description	21 Charges	22 Est Ins Coverage	23 Payments/Adj's
04/04/03	COMPREHENSIVE METABOLIC PANEL	41.25		
04/04/03	DRUG SCREEN-1050; ;FROM 4441050	39.50		
04/04/03	THC-1050; ;FROM 4441050	36.25		
04/04/03	PCP-1050; ;FROM 4441050	36.25		
04/04/03	TSH	51.75		
04/04/03	CBC/MAN DIFF URGENT	41.75		
04/04/03	VENIPUNCTURE - O/P	8.25		
04/04/03	LORAZEPAM 1 MG TAB; LORAZEPAM 1 TAB	2.00		
04/04/03	CEPHALEXIN 250 MG CAP; CEPHALEX MG CAP	2.00		
04/04/03	FOOT XRAY	103.00		
04/04/03	CLASS III	233.00		
04/14/03	8.18% NYS HEALTHCARE SURCHARGE			48.67
	*** SUMMARY BY SERVICE ***			
	EMERGENCY ROOM	233.00		
	PHARMACY-NON-INJECTABLE	4.00		
	LABORATORY-CLINICAL	255.00		
	RADIOLOGY-DIAGNOSTIC	103.00		
	RECEIPTS, ADJUSTMENTS, ETC.			48.67
24 Previous Balance:	0.00	Column Totals:	595.00	48.67
		25 Amount Due from Patient:		643.67