



CARE

AMBULANCE SERVICE, INC.

1517 W. BRADEN COURT
ORANGE, CA 92868-1125
www.careambulance.net
(714) 288-3897

TAX I.D.
#33-0285453

Customer Representative: Jayia at (714) 288-3849

BILL TO

FREDERICK MORAN

C13-097499

STATEMENT

NOTE
IMPORTANT INSURANCE
AND CREDIT CARD INFORMATION
ON REVERSE SIDE



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INCIDENT NO.	TICKET NO.	TICKET NO.
	C13-097499	C13-097499
PAY PLAN	DATE	DATE
Self Pay - Medicare Coins	05/20/2013	05/20/2013

RETURN
THIS PART
WITH YOUR
REMITTANCE

RETURN
THIS
PART
HERE

MORAN, FREDERICK

To Insure Credit To Your Account
Tear At Perforation &
Return With Your Remittance

DATE	DESCRIPTION OF SERVICE	CODE	CHARGES	DATE	CODE	CHARGES
Date of Service: 4/18/2013						
Scene: MISSION HOSPITAL-MISSION VIEJO RESIDENCE						
		<u>Units</u>				
	BLS Non Emergency	1	A0428 \$717.07		A0428	\$717.07
	Mileage	25	A0425 \$400.27		A0425	\$400.27
	Disposable Supplies	1	A0382 \$32.02		A0382	\$32.02
04/18/2013	Contractual Allow	1	(\$466.98)C4/18/13			(\$466.98)
04/18/2013	Contractual Allow	1	(\$32.02)C4/18/13			(\$32.02)
04/18/2013	Contractual Allow	1	(\$231.35)C4/18/13			(\$231.35)
05/06/2013	Manual Contractual Allowance	1	(\$0.09)C5/06/13			(\$0.09)
05/06/2013	Payment - Medicare	1	(\$333.77)C5/06/13			(\$333.77)
			AMOUNT DUE →	\$85.15	PAY THIS AMOUNT →	\$85.15

NO CASH ACCEPTED • Pay Your Bill Online at www.careambulance.net

PATIENT

MORAN, FREDERICK

Medicare has paid their portion of these charges. The balance due is your responsibility. If you have supplemental insurance which covers this co-pay amount, contact your account rep with this information. If not, please pay the balance due asap. Thanks!

IF YOUR CHECK IS RETURNED UNPAID BY YOUR BANK, AN ADDITIONAL HANDLING FEE OF \$25. WILL BE ADDED TO YOUR ACCOUNT BALANCE.

If you have sent this payment, please consider this a friendly thank you.

RECEIVED 0/23/13