

BRM131R5 Caritas Norwood Hospital MPI Demog/Visit Inquiry

Med. Rec. # Patient Last Name First Name B.O.B. Sex Race Mar
 289016 LAKE CHARLES 120155 19 M 1 M
 SS [REDACTED] Local Addr P O BOX 113 City MAPLE CREST
 St NY Zip Code 12454 Cny 8 Country USA
 Ref Dr Rlgn Place of Birth Maiden Name A/C Phone # Prev Med Rec #
 09 DANBURY CT 518 734 6409
 Mother's Name Father's Name Last Visit Name

----- Visit Detail -----											
Account Number	Admit/Registration Date	Registration Time	Age	Disch/End Date	Vis Time	Fat Src	Med Srv	Pat Typ	Acc Cd	Reg No. Typ	Vis
761549	30691	855	35 Y	30691		5	MSD	E	S	1	1
Att Dr	Discharge	LOS	Init	Reg	Sto	C/C	Perm	Last Perm	Dr		
329		0001	30691	A	Y	Y		3/06/91			

Initial Complaint / Diagnosis

Location Comment Clinics --Last Maint--
 0691 ER Demog- 3/08/91
 Visit- 3/08/91

Purge Date: BILL Date: F12-Previous
 Press ENTER to continue. F1-Help F2-Restart F3-Exit F17-Cr. Inq
 F13-Disp Msg F14-Send Msg F15-Tbl Inq

*It needs to know who pd this bill
 He will call again on Sat
 His new address is PO 1237, Cairo, NY 12413*

*Print date
 6/11/91*

NORWOOD HOSPITAL

ISSUE DATE: 8/31/91
 ISSUE TIME: 4.08.17

ZERO BALANCE HISTORY
 ACCOUNTS RECEIVABLE OUTPATIENTS

PROGRAM-ID: HPPL02
 PAGE NUMBER: 4786

MEDICAL RECORD NUMBER 289016
 ACCOUNT 761549 F/C F
 LAKE, CHARLES
 P O BOX 113
 MAPLE CREST NY 12454
 518 734-6409 PYMT PLAN AMT .00
 ADMIT 3/06/91 DISCH 3/06/91

GARRANTOR 761549 PAT. PAGE-NUMBER: 1
 LAKE, CHARLES
 P O BOX 113
 MAPLE CREST NY 12454
 518 734-6409

CYCLE #	1	BILL DATE	3/12/91	TYPE-FINAL	TOTAL CHARGES	144.00
INS 01	-	CO0	998	PLAN 9 MISCELLANEOUS INSURANCE	PRORATION	144.00
INS 02	-	CO0		PLAN	PRORATION	.00
INS 03	-	CO0		PLAN	PRORATION	.00
INS 04	-	CO0		PLAN	PRORATION	.00
INS 05	-	CO0		PLAN	PRORATION	.00
INS 06	-	CO0		PLAN	PRORATION	.00

DATE	ITEM #	TYPE	DESCRIPTION	QTY	BATCH	AMOUNT	BALANCE
3/13/91	993-0010	ADJ	SENT PATIENT COPY OF		346	.00	144.00
4/27/91	997-9999	ADJ	STATEMENT SENT		1	.00	144.00
5/25/91	997-9999	ADJ	STATEMENT SENT		1	.00	144.00
5/31/91	993-0013	ADJ	PATIENT CALLED RE ACC		67861	.00	144.00
5/31/91	993-0007	ADJ	INSURANCE INFO RECEIV		67861	.00	144.00
6/03/91	993-0001	ADJ	RR PAYOR TRANSFER			144.00	288.00
6/03/91	993-0001	ADJ	RR PAYOR TRANSFER			144.00	144.00
6/03/91	993-0007	ADJ	INSURANCE INFO RECEIV			.00	144.00
6/04/91	997-8910	ADJ	WORKERS COMP ALLOWANC		346	37.68	106.32
6/04/91	993-0052	ADJ	WORKERS COMP BILLED		346	.00	106.32
6/11/91	998-0001	PAY	MISCELLANEOUS INSURAN		6233	106.32	00

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ZERO BALANCE HISTORY
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PROGRAM-ID: HPPL02
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MEDICAL RECORD NUMBER 289016
 ACCOUNT 761549 F/C F
 LAKE, CHARLES

GARRANTOR 761549 PAT. PAGE-NUMBER: 2
 LAKE, CHARLES

DATE	TIME	COMMENT TEXT	ACTION	DESCRIPTION	FOLLOW-UP	SEC.
3/06/91	9:07	PT INJURED AT WORK NO INSURANC		ADMIT DEPT NOTES		0299
3/06/91	9:07	E INFO PRESENTED PT WILL SUBMIT CLAIMS TO EMPLOYER ALSO PT F				0299
3/06/91	9:07	RCM OUT OF STATE P O BOX ONLY AVAIL P O BOX ALSO ON NEW YORK				0299
3/06/91	9:07	LIC WHICH WAS COPIED AND ATTACHED TO ADMISSIONS CHECK LIST				0299
3/06/91	9:07	TL ER REGIST				0299
4/27/91	4:32	STATHMENT SENT. BAL-		144.00		
4/27/91	4:43			STATEMENT SENT		595
5/25/91	5:12	STATHMENT SENT. BAL-		144.00		
5/25/91	5:30			STATEMENT SENT		595
5/25/91	9:49	QTY DAYS NO ACTIVITY.				
5/31/91	10:33	THIS WAS AN IND ACC. SEND BILL		PATIENT CALLED		7881
5/31/91	10:33	TO: MPI TRUCKING CO. PO BOX 700, KIMBERTON PA 19442. SAVE IN				7881
5/31/91	10:33	TAKE TO OUTPT BILLER, E.S.				7881
6/01/91	10:08	081 DAYS NO ACTIVITY				
6/03/91	13:58	CALLED REBILL DMM		NO OTHER MSG APPLIES		0346



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