

PRO TRANSPORT-1

P.O. Box 7260
Cotati, CA 94931

For all billing questions, call: 707-665-4295
Fax: 707-585-6341
Office Hours: 8:00am-4:00pm
Tax ID: 68-0461114
Patient Name: SHIRLEY JOHNSON

IF PAYING BY VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW

VISA MASTERCARD DISCOVER AMER. EXP.

CARD NUMBER: _____ EXP. DATE: _____ AMOUNT: _____

SIGNATURE: _____ MUST INCLUDE 3 OR 4 DIGIT SECURITY CODE FROM FRONT (AMER. EXP.) OR BACK OF CARD

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
04/04/12	\$84.88	12-48282

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT. SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

Pro Transport
P.O. Box 7260
Cotati, CA 94931



51889-63

SHIRLEY JOHNSON
341 E LOCUST ST
LODI CA 95240-2319



Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

Procedure Code	Description	Quantity	Payer	Amount	Contractual Allowance	Balance
04-03-2012	Payment - Medicare		J1 MAC- Palm	\$339.52		
A0428	Basic Life Support Transp	1		\$950.00	\$718.22	\$231.78
A0425	Ambulance Mileage	28		\$959.00	\$766.38	\$192.62
Hartford Insurance denied this claim on 05/17/2012 for the reason: The correct insurance information is required to properly submit this claim to your insurance carrier..						

pd
7/7/12
#500

PT-1 Alert Personal Emergency Response System Now in High Demand
with PT-1 Alert you or your loved one can summon ambulance, fire or police at the touch of a button. Cost Effective at only \$29.95/mo with no activation fee, and no long term contract, For peace of mind at home for yourself and a loved one call 1-888-253-7884.

TOTAL DUE
\$84.88

Date Of Service: 03-13-2012
Incident Number:
Trip Date: 03-13-2012
Transport From: Methodist Hospital - Sacramento CC
Transport To: Vienna Convalescent
Tax ID: 68-0461114

As a courtesy, your insurance has been billed. Please be aware that you are ultimately responsible for any balances due. If any of these charges fall under your deductible, please make a payment today. Thank you!

STATEMENT
SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

