

5834
St. Vincent Hospital
651 E. 25th ST. - MIAMI, FLA.

PATIENT'S NAME &
PEREZ, RIGOBERTO (CRUZ)
1700 N.W. 21 TERRACE
MIAMI, FLA.

8
SANTANA
P.O. BOX 1000
MIAMI, FLA.

TYPE INSURANCE: Blue Cross
 OR PAY. PAYMENT: Blue Cross
 ADMITTED: 6-12-65 TIME: 7:00 PM INITIALS: PK
 DATE: 6-12-65 TIME: 7:00 PM INITIALS: PK
 DISCHARGED: 6-12-65 TIME: 7:00 PM INITIALS: PK

DOCTOR: A. MARGAS

DATE	ROOM NO.	RATE	NO. DAYS
6-12-65	52	21.00	

DATE	ROOM NO.	RATE	NO. DAYS	CHARGE	DESCRIPTION	PAYMENTS	OLD PAID	DATE	BALANCE
21.00				21.00				APR 12 '66	21.00
21.00	83.00	15.25	25	76.00 + 2	LIVER SCAN				
				30.00 + 2	1.50 + 3 KIT				
21.00	11.00	6.00		9.75				21.00 APR 13 '66	327.00
21.00				5.00				327.00 APR 14 '66	439.75
21.00	6.00	26.50	2.00	10.00 + 8				439.75 APR 16 '66	611.25
21.00	3.00							611.25 APR 17 '66	635.25
21.00	13.00	3.50						635.25 APR 18 '66	672.75
21.00	2.00	3.25						672.75 APR 19 '66	700.00
	3.00	19.25						700.00 APR 20 '66	778.25
1.00				1.25	20.00 + 8			778.25 APR 21 '66	820.50
21.00		5.00						820.50 APR 23 '66	919.00
1.00	25.00	6.00	2.00					919.00 APR 24 '66	942.00
		3.00							
				10.00 + 19					
				10.00 + 19					
21.00		2.50		10.00 + 19				943.00 APR 24 '66	943.00
		10.00		10.00 + 19					
21.00		4.75		10.00 + 19				943.00 APR 25 '66	977.00
21.00		6.25		10.00 + 19				977.00 APR 26 '66	1013.25
21.00				10.00 + 19				1013.25 APR 27 '66	1030.50
21.00	13.00	3.25	2.00	10.00 + 19				1030.50 APR 29 '66	1046.75
<p>257/160 91 17.25 2.50 1.00 21.00</p> <p>3156</p> <p>316</p> <p>10/16</p> <p>TOTAL CHARGES OWING 1046.75</p>									

PAYED
MAY 10 1966

DISPOSITION OF CASE

FINAL DIAGNOSIS

OPERATION

WENT BE MADE TO SUBSCRIBER

YES () NO ()

COLUMN A	COLUMN B
16 ELECTROCARD OGRAM	7 PATHOLOGY
18 ELECTROENCEPHALOGRAM	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 ISOTOPES	

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

LESS 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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