



Boulder Community Health  
Patient Financial Services  
P.O. Box 9049  
Boulder, CO 80301-9049



004327



BOU10F 304225 182238976

BARRY KAPPIUS  
10887 GRANGE CREEK DR  
THORNTON CO 80233-3817

### Account Summary

Statement Date:	10/27/15
Account Number:	N00002326517
Patient Name:	BARRY KAPPIUS
Service Date:	09/21/15
Total Charges:	\$2,477.10
Adjustments and Payments:	\$0.00
What You Owe Now:	\$2,477.10

### Patient Services Provided

Description	Amount
320 RADIOLOGY DIAG GENERAL	\$578.00
450 EMERGENCY ROOM GENERAL	\$1,729.00
636 DRUG SPEC ID DETAIL CODING	\$170.10
Billed charges to date:	\$2,477.10
Receipts to date:	
Adjustments to date:	
Refunds to date:	
Total due:	\$2,477.10

### Important Message

Your insurance carrier has made its benefit determination or payment on your account and the remaining balance is now your responsibility. Please pay in full or call (303) 415-4700.

- For more information about financial assistance, please go to [www.bch.org](http://www.bch.org) or call (303) 415-4700.
- Para obtener información acerca de la asistencia financiera, por favor visite [www.bch.org](http://www.bch.org) o llame al (303) 415-4758.

### Insurance Information

Please notify us if the information below is not correct:

#### Primary Insurance:

Insurance: GALLAGHER BASSETT SER

ID Number:

#### Secondary Insurance:

No secondary insurance is on file. Please provide billing information if you have a secondary insurance.

### Inquiries / Changes / Updates

- Billing questions or changes in insurance?  
Ph: (303) 415-4700 9am-4pm weekdays except Thursdays 11am-4pm  
Walk-In Hours: 10am-4pm weekdays except Thursdays 11am-4pm  
Español: (303) 415-4758
- Written Correspondence  
Patient Financial Services  
P.O. Box 9049  
Boulder, CO 80301-9049
- Fax: (303) 415-4701
- E-Mail: [patientaccounts@bch.org](mailto:patientaccounts@bch.org)

**\* Para Ayuda en Español llame al Numero (303) 415-4758**

Statement Date: 10/27/15



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Patient Name	Account Number	Date Due
BARRY KAPPIUS	N00002326517	11/26/2015

#### Amount Now Due

\$ 2,477.10

#### Amount I Am Paying

\$

- Check here if your address or insurance information has changed. Please indicate changes on the back of this page.

REMIT THIS PAYMENT STUB TO:

Boulder Community Health  
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Boulder, CO 80301-9049



**To pay by credit card:** For your convenience, you may pay by Visa, MasterCard, Discover, and American Express. Please indicate your credit card preference, provide the Credit Card #, and sign below. Or you may call (303) 415-4700.



Credit Card Acct# \_\_\_\_\_

Print Card Holder Name \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature X \_\_\_\_\_