

Patient Services Provided

111 PRIVATE MED/SURG/GYN	1812.00
258 PHARMACY IV SOLUTIONS	233.62
270 M/S SUPPLY GENERAL	275.55
272 M/S SUPPLY STERILE SUPPLY	23.20
301 LAB CHEMISTRY	138.00
302 LAB IMMUNOLOGY	83.00
305 LAB HEMATOLOGY	118.00
636 DRUG SPEC ID DETAIL CODING	1996.73
637 DRUG SELF ADMINSTRABLE	74.49
999 PT CONVEN OTHER	1.14

Total due: 4755.73
Estimated insurance due: 4755.73

Claim NO.
1000026387

Thank you... for choosing Avera Health for your healthcare services. Avera Health is a health ministry rooted in the Gospel. Our mission is to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values.

Insurance Information

Please confirm that the information below is correct

PRIMARY
Insurance SUZLON ROTOR CORP
ID Number 504843630

Please call if you have secondary insurance

SECONDARY
Insurance
ID Number

Questions

Billing questions or an itemized bill request? Call your customer service representative at 605-322-6400 (Toll Free: 888-370-6525) Monday through Friday, 8:00 am to 5:00 pm. For billing questions, email us at: business.office@mckennan.org

Account Summary

Statement Date 05/02/08
Date of Service 02/11/08
Account Number MK0001388257

Awaiting Insurance Response 4755.73

Due from Patient 0.00

Your balance has been filed with SUZLON ROTOR CORP. If you have any questions, please contact your insurance representative. Insurance balances denied or not paid in full will be your responsibility.

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS. A LATE FEE OF 1.0% PER MONTH (12% PER YEAR) WILL BE CHARGED BEGINNING WITH YOUR THIRD MONTHLY STATEMENT.

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

For general information and to pay your bill on line, visit our website at:
www.AveraMcKenna.org

Please write your account number on your check.
Make check payable to Avera McKenna.
Patient Name: TOMMY L JAQUA

ADDRESSEE:

TOMMY L JAQUA
333 S SPRING AVE
SIOUX FALLS SD 57104

IF PAYING BY MASTERCARD, DISCOVER, OR VISA, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
CARD NUMBER	3-DIGIT SECURITY CODE	
SIGNATURE	EXP. DATE	
PAGE: 1	STATEMENT DATE 05/02/08	ACCOUNT NUMBER MK0001388257
ACCOUNT BALANCE 4755.73	PAY THIS AMOUNT 0.00	SHOW AMOUNT PAID HERE

REMIT TO

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AVERA MCKENNA
PO BOX 9191
MINNEAPOLIS, MN 55480-9191