TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL
CYCLE		

NORTHWEST COMMUNITY HOSPITAL
800 W CENTRAL
ARLINGTON HTS, IL 60005-2349
847 618-4747
FEI # 362240313

HOSP. NO.

PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
S G						
DULBERG PAUL	71265382	M		07/09/02		

BIRTH-DATE 03/19/70

GUARANTOR NAME AND ADDRESS
PAUL R DULBERG
4606 HAYDEN COURT
MCHENRY IL 60051

PAY	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
1	SELFPAY		00000

SAGERMAN, SCOTT D MD

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

AMOUNT OF PAYMENT $

DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2	EST. COVERAGE INS. CO. NO. 3	EST. COVERAGE INS. CO. NO. 4	PATIENT AMOUNT
	DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS							
07/09	001 NEUROLYSIS		1559.00					1559.00
07/09	001 ULNAR NERVE REPAIR		3817.00					3817.00
07/09	001 BLOCK,SUPRACLAVICULAR		479.00					479.00
07/09	001 US ECHO GUIDE FOR BIO		511.00					511.00
	BALANCE FORWARD		0.00					
	SUMMARY OF CURRENT CHARGES							
	OPERATING ROOM		5855.00					5855.00
	IMAGING/X-RAY		511.00					511.00
	SUB-TOTAL OF CURR. CHARGES		6366.00					6366.00

THIS IS THE ONLY ITEMIZED BILL YOU WILL RECEIVE. PLEASE RETAIN FOR YOUR RECORDS. WE ARE BILLING THE INSURANCE THAT IS LISTED ABOVE. IF SELF PAY IS LISTED, AND YOU DO HAVE INSURANCE, PLEASE CALL 847-618-4747.

PATIENT NUMBER
71265382

PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.

63 ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.

6366.00

PAY THIS AMOUNT 6366.00

NORTHWEST COMMUNITY HOSPITAL
ARLINGTON HTS, IL

001

IWO DAY SURGERY CENTER 575 W KIRCHOFF ARLINGTON HT IL 600052349 1476104747	NORTHWEST COMMUNITY HOSP PO BOX 95865 CHICAGO IL 6069	3a PAT. CNTL # 71265382 b. MED. REC. # 0001307925 5 FED. TAX NO. 363540436	[redacted] 0831 6 STATEMENT COVERS PERIOD FROM 070912 THROUGH 070912

PATIENT NAME	9 PATIENT ADDRESS		
DULBERG ,PAUL	a 4606 HAYDEN COURT		
	b MCHENRY	c IL	d 60051

BIRTHDATE	11 SEX	12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18–28	29 ACDT STATE	30
13191970	M	070912	12	3	1		01			

OCCURRENCE CODE / DATE	[redacted]	33 OCCURRENCE CODE / DATE	[redacted]	35 OCCURRENCE SPAN CODE / FROM / THROUGH	36 OCCURRENCE SPAN CODE / FROM / THROUGH	37

AUTO OWNERS INS
6000 TALLGATE
SUIT D
ELGIN IL 60123

39 VALUE CODES CODE / AMOUNT	[redacted]	41 VALUE CODES CODE / AMOUNT
a		
b		
c		
d		

REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
402	ULTRASOUND	76942	070912	1	511 00		
490	AMBUL SURG	64718RT	070912	1	5855 00		
0001	PAGE 01 OF 01	CREATION DATE	071712	TOTALS	6366 00		

PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
AUTO OWNERS INS		Y	Y			1194782342
						57 OTHER PRV ID

INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
DULBERG ,PAUL	18	CLM#13-2779-11		

TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

3542 9552

ADMIT DX 3542 | 70 PATIENT REASON DX 3542 | 71 PPS CODE | 72 ECI E9289 | 73

PRINCIPAL PROCEDURE CODE / DATE	[redacted]	b. OTHER PROCEDURE CODE / DATE
449 070912		
[redacted]	d. OTHER PROCEDURE CODE / DATE	[redacted]

76 ATTENDING	NPI 1841383031	QUAL	1GF54646
LAST SAGERMAN		FIRST	SCOTT
77 OPERATING	NPI 1841383031	QUAL	1GF54646
LAST SAGERMAN		FIRST	SCOTT
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

REMARKS
PT = G SVC = DSC FC = F

81CC a B3 261QA1903X
b
c
d

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC National Uniform Billing Committee

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.