HCI # 1 I

TYPE OF BILL	DATE OF BILL	DATE OF PREV.BILL
CYCLE	11/03/07	
INS.		

DESERT SPRINGS HOSPITAL
FILE 57442
LOS ANGELES,CA 90074-7442
702 894-5700
FEI # 23-2947273

PAGE NO. 1

BIRTH-DATE

HOSP.NO. NV7255

F T	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS	OUT PATIENT
	BENNETT ,SCOTT		M	44	10/29/07			

GUARANTOR NAME AND ADDRESS

SCOTT BENNETT
GENERAL DELIVERY
LAS VEGAS NV 89125

C.O.B	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
1	UNINSURED DISCOUN		[redacted]1501

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								
10/29	53204608 001 72110		494.00	494.00				
XR L-SPINE 4V MIN		320						
10/29	53219150 001 73564		375.00	375.00				
XR KNEE 4V LT		320						
10/29	53219457 001 73590		251.00	251.00				
XR TIB-FIB 2V LT		320						
10/29	43014000 001 29358		348.00	348.00				
BRACE APP LONG LEG		450						
10/29	43022458 001 99284		798.00	798.00				
LEVEL 4 ED W/ PROCEDURES		450						
10/29	43035047 001 90774		100.00	100.00				
INJ THER/DX IV PUSH INITL DRUG								
10/29	43035054 001 90775		100.00	100.00				
INJ THER/DX IV PUSH ADDL DRUG								
10/29	43031780 001 94760		140.00	140.00				
PULSE OXIMETRY		460						
10/29	53411401 001 73700		2033.00	2033.00				
CT EXTREM LOW W/O CON LT								
10/29	54045273 001 J1170		14.00	14.00				
HYDROMORPHONE UP TO 4MG								
10/29	54067996 001 J2405		259.00	259.00				
ONDANSETRON INJ PER 1MG								
10/29	54069018 001		12.00	12.00				
OXYCODONE/APAP 5-325 TAB								
10/29	63190003 007							
OUTPATIENT STAT CHARGE								
SUMMARY OF CURRENT CHARGES								
	PHARMACY		273.00	273.00				
	RADIOLOGY		1120.00	1120.00				
	EMERGENCY ROOM		1346.00	1346.00				
	PULMONARY		140.00	140.00				

PATIENT NUMBER

PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.

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

HCI # 1 I

TYPE OF BILL	DATE OF BILL	DATE OF PREV.BILL
CYCLE	11/03/07	
INS.		

DESERT SPRINGS HOSPITAL
FILE 57442
LOS ANGELES,CA 90074-7442
702 894-5700
FEI # 23-2947273

PAGE NO. 2

BIRTH-DATE

HOSP.NO. NV7255

F T	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS	
	BENNETT ,SCOTT		M	44	10/29/07			OUT PATIENT

GUARANTOR NAME AND ADDRESS
SCOTT BENNETT
GENERAL DELIVERY
LAS VEGAS NV 89125

C.O.B	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
1	UNINSURED DISCOUN		[redacted]-1501

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
	CT SCAN		2033.00	2033.00				
	PHARM OTHER		12.00	12.00				
	SUB-TOTAL OF CURR. CHARGES		4924.00	4924.00				
	EMPLOYER INFORMATION: SELF EMPLOYED GENERAL DELIVERY LAS VEGAS NV 89125							
	AMOUNTS DUE HEREUNDER HAVE BEEN ASSIGNED TO UHS RECEIVABLES CORP. & US BANK, N.A. AS TRUSTEE							
	T O T A L S		4924.00	4924.00				

PATIENT NUMBER

PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.

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

DESERT SPRINGS HOSPITAL
LOS ANGELES,CA

SPRING VALLEY MEDICAL CENTER
FILE 57361
LOS ANGELES CA 90074

PHONE 702-894-5700
TID# 72-1549752
FC: PT:

SUMMARY PAGE:# 1
DATE: 10/13/06
ACCT TYPE: A

PATIENT NAME: BENNETT ,SCOTT
PATIENT NUMBER:
ADMIT DATE: 09/06/06 DISCHARGE DATE: 09/08/06 BIRTH DATE:

GUAR: BENNETT SCOTT
INFO

ACCOUNT BALANCE: 2960.00
PATIENT BALANCE: .00

TOTAL CHARGES: 7998.00 INS1: D61 2960.00 INS2:
INS3: INS4:

		TOTAL AMT:	INSURANCE:	PATIENT:
1	ADJUSTMENTS	-5038.00	-5038.00	0.00
2	ROOM CHARGES	2074.00	2074.00	0.00
3	PHARMACY	2171.00	2171.00	0.00
4	LABORATORY	2390.00	2390.00	0.00
5	RADIOLOGY	269.00	269.00	0.00
6	EMERGENCY ROOM	1094.00	1094.00	0.00

90149 9/6 ATT: YUKO
901157081 9/12

FAX 702-853-8129

Ablence Service
800-850-6926

SPRING VALLEY MEDICAL CENTER PHONE 702-894-5700 PG# 1
FILE 57361 TID# 72-1549752 DATE: 10/13/06
LOS ANGELES CA 90074 FC: Z PT: E ACCT TYPE: A

PATIENT NAME: BENNETT ,SCOTT PATIENT NUMBER:
ADMIT DATE: 09/06/06 DISCHARGE DATE: 09/08/06 BIRTH DATE:

GUAR: BENNETT SCOTT
INFO

ACCOUNT BALANCE: 2960.00
PATIENT BALANCE: .00

DATE	DESC/QTY	SVC CD	INS1: D61 BAL: 2960.00	INS2:	INS3:	PATIENT .00
090606	3 23	CLINDA P	54098074	870.00	0.00	0.00	0.00
090606	3 23	D5W 50ML	54103007	369.00	0.00	0.00	0.00
090606	1 30	BMP	51000057	339.00	0.00	0.00	0.00
090606	1 30	CBC AUTO	51009587	91.00	0.00	0.00	0.00
090606	1 30	RBC SEDR	51010387	102.00	0.00	0.00	0.00
090606	1 30	ARD BLOO	51020410	314.00	0.00	0.00	0.00
090606	1 30	ARD BLOO	51020410	314.00	0.00	0.00	0.00
090606	1 45	INJECTIO	43021302	101.00	0.00	0.00	0.00
090606	1 45	LEVEL 5	43022557	993.00	0.00	0.00	0.00
090606	2 68	LEVOFLOX	54051370	888.00	0.00	0.00	0.00
090606	1 68	LEVOFLOX	54051370	444.00	0.00	0.00	0.00
090606	1 E	ROOM 20	61200002	1037.00	0.00	0.00	0.00
090706	3 23	CLINDA P	54098074	870.00	0.00	0.00	0.00
090706	3 23	D5W 50ML	54103007	369.00	0.00	0.00	0.00
090706	1 30	BMP	51000057	339.00	0.00	0.00	0.00
090706	1 30	MAGNESIU	51006211	139.00	0.00	0.00	0.00
090706	1 30	PHOSPHOR	51007946	103.00	0.00	0.00	0.00
090706	1 30	CBC AUTO	51009579	139.00	0.00	0.00	0.00
090706	1 30	SPEC COL	51018851	16.00	0.00	0.00	0.00
090706	1 32	XR FOOT	53220059	269.00	0.00	0.00	0.00
090706	1 68	LEVOFLOX	54051370	444.00	0.00	0.00	0.00
090706	-1 68	LEVOFLOX	54051370	-444.00	0.00	0.00	0.00
090706	1 68	MORPHINE	54304688	13.00	0.00	0.00	0.00
090706	1 E	ROOM 20	61200002	1037.00	0.00	0.00	0.00
090806	3 23	CLINDA P	54098074	870.00	0.00	0.00	0.00
090806	-1 23	CLINDA P	54098074	-290.00	0.00	0.00	0.00
090806	-6 23	CLINDA P	54098074	-1740.00	0.00	0.00	0.00
090806	3 23	D5W 50ML	54103007	369.00	0.00	0.00	0.00
090806	-1 23	D5W 50ML	54103007	-123.00	0.00	0.00	0.00
090806	-6 23	D5W 50ML	54103007	-738.00	0.00	0.00	0.00
090806	1 30	BMP	51000057	339.00	0.00	0.00	0.00
090806	1 30	CBC AUTO	51009579	139.00	0.00	0.00	0.00
090806	1 30	SPEC COL	51018851	16.00	0.00	0.00	0.00
090806	1 68	LEVOFLOX	54051370	444.00	0.00	0.00	0.00
090806	-1 68	LEVOFLOX	54051370	-444.00	0.00	0.00	0.00

SPRING VALLEY MEDICAL CENTER PHONE 702-894-5700 SUMMARY PAGE:# 1
FILE 57361 TID# 72-1549752 DATE: 10/13/06
LOS ANGELES CA 90074 FC: PT: ACCT TYPE: O

PATIENT NAME: BENNETT ,SCOTT PATIENT NUMBER:
ADMIT DATE: 09/12/06 DISCHARGE DATE: BIRTH DATE:

GUAR: BENNETT SCOTT ACCOUNT BALANCE: .00
INFO GENERAL DELIVERY PATIENT BALANCE: .00
LAS VEGAS NV 891250000

TOTAL CHARGES: 763.00 INS1: 908 .00 INS2:
INS3: INS4:

		TOTAL AMT:	INSURANCE:	PATIENT:
1	ADJUSTMENTS	-763.00	-763.00	0.00
2	EMERGENCY ROOM	588.00	588.00	0.00
3	PULMONARY	175.00	175.00	0.00

SPRING VALLEY MEDICAL CENTER PHONE 702-894-5700 PG# 1
FILE 57361 TID# 72-1549752 DATE: 10/13/06
LOS ANGELES CA 90074 FC: Z PT: T ACCT TYPE: O

PATIENT NAME: BENNETT ,SCOTT PATIENT NUMBER:
ADMIT DATE: 09/12/06 DISCHARGE DATE: BIRTH DATE:

GUAR: BENNETT SCOTT
INFO GENERAL DELIVERY
LAS VEGAS NV 891250000

ACCOUNT BALANCE: .00
PATIENT BALANCE: .00

DATE	DESC/QTY	SVC CD	INS1: 908	INS2:	INS3:	PATIENT
		BAL:	.00			.00
091206	1 45	LEVEL 3	43022359	588.00	0.00	0.00	0.00
091206	1 46	PULSE OX	43031780	175.00	0.00	0.00	0.00
091206	3 76	OUTPATIE	63190003	0.00	0.00	0.00	0.00