

DESCRIPTION OF CHARGES  
ALS LEVEL 1 EMERGENCY  
ALS MILEAGE

HCPC  
A0427  
A0425

QUANTITY  
1.0  
11.4

UNIT PRICE  
728.11  
13.00

AMOUNT  
728.11  
148.20

**Total Charges** 876.31

DESCRIPTION OF PAYMENT  
BAD DEBT WRITE OFF

RECEIPT  
602600

PAYMENT DATE  
12/05/2014

AMOUNT  
876.31

**Total Credits** 876.31

**PLEASE PAY THIS AMOUNT => \$0.00**

-----  
**^DETACH ALONG ABOVE LINE AND RETURN STUB WITH YOUR PAYMENT^**

Patient Name: SUTHERLAND, DAVID  
Patient Number: XXXXXXXX6680

Call Number: 140940038  
Current Date: 04/03/2015

**Amount Due: \$0.00**  
Amount  
Enclosed \$ \_\_\_\_\_

**MERCY AMBULANCE # M11 1399 DEAN FOREST RD SAVANNAH, GA 31405-9307**