

# Accounts Not on a Payment Plan

Date	Description	Charges	Insurance Pmt/Adj	Patient Pmt/Adj	Patient Balance
Account Number: [REDACTED]		Patient Name: [REDACTED]		Location: [REDACTED]	
		daughter		HOSPITAL PARENT LOCATION	
8/13/2024	NURSERY	\$3,354.00			
8/13/2024	DRUGS/SELF ADMIN	\$50.95			
8/13/2024	VACCINE ADMINISTRATION	\$23.44			
8/14/2024	LAB	\$437.78			
9/25/2024	INSURANCE PAYMENT-BCBS REGENCE OUT OF STATE		-\$4,077.97		
12/02/2024	CONTRACTUAL WRITE-OFF-BCBS REGENCE OUT OF STATE		-\$18.15		
	Insurance Payment and Adjustments		-\$4,096.12		
	Patient Payment and Adjustments			\$0.00	
Account Subtotals		\$4,546.61	-\$4,096.12	\$0.00	\$450.49
Account (Non-Payment Plan) Totals		\$60,214.88	-\$58,737.92	-\$77.71	\$1,399.25