

Patient Name: NIC [REDACTED]

Account Number: [REDACTED]
[REDACTED]

Summary of Services

Date	Description	Amount
10/01/2013	ROOM AND BOARD	\$4,878.00
10/01/2013	PHARMACY	\$2,420.56
10/01/2013	LABORATORY	\$1,408.00
10/01/2013	RECOVERY ROOM	\$7,501.00
10/01/2013	MEDICAL/SURGICAL SUPPLIES AND DEVICES	\$6,428.75
10/01/2013	CT SCAN	\$6,983.00
10/01/2013	EMERGENCY ROOM	\$2,703.00
10/01/2013	IV THERAPY	\$1,658.00
10/01/2013	OTHER THERAPEUTIC SERVICES	\$210.00
10/01/2013	ANESTHESIA	\$4,562.00

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