

## 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]		MEDICAL CENTER PARENT LOCATION <i>king county, WA, USA</i>			
10/05/2024	MYCHART/WELCOME PMT-PATIENT			-\$36.53	
	Insurance Payment and Adjustments		-\$6,688.19		
	Patient Payment and Adjustments			-\$36.53	
	Account Subtotals	\$7,027.92	-\$6,688.19	-\$36.53	\$303.20

Account Number: [REDACTED] Patient Name: [REDACTED] Location: [REDACTED]		HOSPITAL PARENT LOCATION <i>self</i>			
8/12/2024	OB/2BED	\$8,739.00			
8/12/2024	DRUGS/DETAIL CODE	\$65.30			
8/12/2024	EMERG ROOM	\$4,758.08			
8/12/2024	ULTRASOUND	\$933.74			
8/12/2024	LAB	\$825.20			
8/13/2024	OB/2BED	\$8,739.00			
8/13/2024	OTHER RX SVCS	\$1,487.95			
8/13/2024	DELIVERY ROOM	\$6,978.62			
8/13/2024	ULTRASOUND	\$1,094.51			
8/13/2024	PHARMACY	\$717.10			
8/13/2024	DRUGS/SELF ADMIN	\$66.40			
8/13/2024	SUPPLY/IMPLANTS	\$72.40			
8/13/2024	DRUGS/DETAIL CODE	\$821.10			
8/13/2024	MED-SUR SUPPLIES	\$82.06			
8/13/2024	ANESTHESIA	\$5,555.78			
8/13/2024	LAB	\$158.07			
8/14/2024	DRUGS/DETAIL CODE	\$186.05			
8/14/2024	DRUGS/SELF ADMIN	\$18.20			
8/24/2024	CONTRACTUAL WRITE-OFF-BCBS REGENCE OUT OF STATE				
10/02/2024	INSURANCE PAYMENT-BCBS REGENCE OUT OF STATE		-\$23,854.31		
10/02/2024	CONTRACTUAL WRITE-OFF-BCBS REGENCE OUT OF STATE		-\$17,106.84		
	Insurance Payment and Adjustments		-\$40,961.15		
	Patient Payment and Adjustments			\$0.00	
	Account Subtotals	\$41,298.56	-\$40,961.15	\$0.00	\$337.41

Account Number: [REDACTED] Patient Name: [REDACTED] Location: [REDACTED]		MEDICAL CENTER PARENT LOCATION <i>self</i>			
8/19/2024	CLINIC	\$313.87			
8/27/2024	CONTRACTUAL WRITE-OFF-BCBS REGENCE OUT OF STATE				
9/05/2024	INSURANCE PAYMENT-BCBS REGENCE OUT OF STATE		-\$86.40		
9/05/2024	CONTRACTUAL WRITE-OFF-BCBS REGENCE OUT OF STATE		-\$217.87		
10/05/2024	MYCHART/WELCOME PMT-PATIENT			-\$9.60	
10/08/2024	ONPLAN FEE-PATIENT			\$4.95	
	Insurance Payment and Adjustments		-\$304.27		
	Patient Payment and Adjustments			-\$4.65	
	Account Subtotals	\$313.87	-\$304.27	-\$4.65	\$4.95

Account Number: [REDACTED] Patient Name: [REDACTED] Location: [REDACTED]		HOSPITAL PARENT LOCATION <i>daughter</i>			
8/13/2024	LAB	\$465.29			
8/13/2024	DRUGS/DETAIL CODE	\$215.15			