

# This is the cost of a Rattlesnake bite in America...

YOUR STATEMENT  
SHARP HealthCare appreciate the opportunity to complete and submit your application, keep all your appointments, and that Medi-Cal or County Medical Services (CMS) requests. We are a part of the application process.

Please notify Sharp HealthCare immediately when you receive your statement. Your payment is due: **July 13, 2015**. Your balance due is: **July 27, 2015**. Due for services rendered remains **your financial responsibility**.

**Statement Date****July 13, 2015****Your payment is due:****July 27, 2015****Your balance due is:****\$153,161.25****■ SUMMARY OF PATIENT SERVICES**

	■ FREQ
PHARMACY	\$83,341.25
LABORATORY SERVICES	\$22,433.00
INTERMEDIATE CARE ROOM	\$21,225.00
INTENSIVE CARE ROOM	\$17,766.00
EMERGENCY CARE SERVICES	\$5,564.00
THERAPY SERVICES	\$1,423.00
RADIOLOGY	\$947.00
SPECIAL SERVICES	\$462.00
<b>TOTAL CHARGES</b>	<b>\$153,161.25</b>

**■ ACCOUNT SUMMARY**

Service Date	07/04/15 to 07/09/15
Type of Service	EMERGENCY-IP
Account #	11-82728390
Billed/Total Charges	\$153,161.25
Adjustments	\$0.00
Insurance Payments	\$0.00
Patient Payments	\$0.00
Due From Insurance	\$0.00
<b>This is your balance</b>	<b>\$153,161.25</b>

PLEASE RETAIN THIS PORTION