

SKY RIDGE MEDICAL CENTER  
PO BOX 740760  
CINCINNATI, OH 45274-0760



## Itemization of Hospital Services

SSC08648 4521434 507609493

TAMERA ANDERSON  
6730 Tullamore Dr  
Colorado Springs, CO 80923-7708

Creation Date: 3/12/2024

**Patient Name**  
TAMARA ANDERSON

**Account Number** 1512407063  
**Date of Service** 02/05/2024

**Hospital Number** 27150  
**Medical Record Number** 000000617251

**Patient Type**  
EMERGENCY SERVICES

008449

### Itemization of Hospital Services

REV CODE	DATE	HCPS	UNITS	DESCRIPTION	AMOUNT
<b>0320 - DX XRAY</b>					
	02/05/24	073562	1	XR KNEE 3 V LT	\$ 2,145.00
<b>Subtotal:</b>					<b>\$ 2,145.00</b>
<b>0450 - EMERG ROOM</b>					
	02/05/24	099283	1	LVL 3 EMER DEPT	\$ 7,160.00
<b>Subtotal:</b>					<b>\$ 7,160.00</b>
<b>0637 - SELF-ADMINISTRABLE DRUG</b>					
	02/05/24	00000	2	OXYCOD/APAP 5MG TAB	\$ 105.00
<b>Subtotal:</b>					<b>\$ 105.00</b>
<b>Itemization Total for Hospital Services:</b>					<b>\$ 9,410.00</b>

You are not being asked to pay the itemized amounts listed above. The amount you owe after all insurance payments and adjustments will be on your hospital bill.



PO BOX 740760  
CINCINNATI, OH 45274-0760

SSC08648 4477150 496639974

**TAMERA ANDERSON**  
**6730 TULLAMORE DR**  
**COLORADO SPRINGS, CO 80923-7708**



### Create a MyHealthOne account to pay your bill

When you create your MyHealthOne account or log in, you can view and pay your hospital bill online. You will also be able to review your current health information and more.

Disponible asistencia para el idioma español.

**Pay securely online at:**  
**[www.skyridgemedcenter.com/billpay](http://www.skyridgemedcenter.com/billpay)**

**Statement Date:**  
2/22/2024

**Account Number:**  
1512407063

Page 1 of 1

### ACCOUNT ACTIVITY

Account Number	1512407063
Date of Service	2/5/2024
Total Amount For Hospital Services*	\$ 2,138.17
Insurance Payments to Date	\$ 1,638.17
Due From Insurance	\$ 0.00
Patient Payments to Date	\$ 0.00
Total Payments to Date	\$ 1,638.17
<b>Remaining Account Balance</b>	<b>\$ 500.00</b>

**AMOUNT YOU OWE\*\* \$ 500.00**

\*Total Amount For Hospital Services is the total amount the hospital expects to receive for services after all discounts have been applied, including insurance contractual allowances.

\*\*The amount you owe may include copay, deductibles or non-covered charges

Pursuant to Colorado law, discounts for hospital services are available for qualified individuals. Information regarding your rights is available in the enclosed Hospital Discounted Care Patient's Rights Form. If you do not respond or request screening for discounted care, you may lose your opportunity to be screened for eligibility for discounted care.

### A MESSAGE FOR YOU...

FOR CHARITY POLICY, VISIT [WWW.SKYRIDGEMEDCENTER.COM](http://WWW.SKYRIDGEMEDCENTER.COM) OR 866-551-6004. PARA LA POLIZA DE CARIDAD, [WWW.SKYRIDGEMEDCENTER.COM](http://WWW.SKYRIDGEMEDCENTER.COM) O 866-887-1229.

**This is the hospital bill for Emergency services from February 5, 2024 through February 5, 2024.**

### PAYMENT OPTIONS



Pay online at [www.skyridgemedcenter.com/billpay](http://www.skyridgemedcenter.com/billpay)  
Available 24/7



Pay with your smart phone by scanning this QR code



Pay-by-phone or call Customer Service at:  
866-551-6004 Available Mon-Fri 8AM - 9PM ET



Mail in a check or credit card information with the section below.



DETACH HERE AND RETURN BOTTOM PORTION WITH PAYMENT

Patient	Account No.	Amount Now Due	Amount Paid
TAMARA ANDERSON	1512407063	\$ 500.00	\$

☐ Check here if your address or insurance information has changed.  
Please indicate changes on the back of this page.

**Please do not send cash.**

**Make checks payable to: SKY RIDGE MEDICAL CENTER**



Account No.

Expiration Date

Authorized Signature

**SKY RIDGE MEDICAL CENTER**  
**27150**  
**P.O. BOX 740760**  
**CINCINNATI OH 45274-0760**



ANDERSON TAM 00151240706327150000000500006



## Receipt

Receipt Number	:	52075068	Transaction Type	:	Payment
Customer	:	TAMARA ANDERSON	Status	:	Successful
Email	:	anderson.tamara3@yahoo.com	Original Tx No.	:	
Payment Date(Central Time)	:	Mar 13, 2024 2:39:10 AM	Source	:	System
Payment Mode	:				

Description	Patient	Responsible Party	Account No.	Date Of Service	Reference ID	Paid Amount
Sky Ridge Medical Center	TAMARA ANDERSON	TAMERA ANDERSON	1512407063	02/05/2024	232707946	\$83.34

Payment Received	Amount
Credit Card : American Express ending xxxx xxxx 2012 Authorization No. 200824	\$83.34



## Receipt

Receipt Number	:	52792912	Transaction Type	:	Payment
Customer	:	TAMARA ANDERSON	Status	:	Successful
Email	:	anderson.tamara3@yahoo.com	Original Tx No.	:	
Payment Date(Central Time)	:	Apr 13, 2024 2:19:00 AM	Source	:	System
Payment Mode	:				

Description	Patient	Responsible Party	Account No.	Date Of Service	Reference ID	Paid Amount
Sky Ridge Medical Center	TAMARA ANDERSON	TAMERA ANDERSON	1512407063	02/05/2024	234606135	\$83.34

Payment Received	Amount
Credit Card : American Express ending xxxx xxxx 2012 Authorization No. 127600	\$83.34



## Receipt

Receipt Number	:	52809844	Transaction Type	:	Payment
Customer	:	TAMARA ANDERSON	Status	:	Successful
Email	:	anderson.tamara3@yahoo.com	Original Tx No.	:	
Payment Date(Central Time)	:	Apr 13, 2024 4:54:56 PM	Source	:	Patient
Payment Mode	:				

Description	Patient	Responsible Party	Account No.	Date Of Service	Reference ID	Paid Amount
Sky Ridge Medical Center	TAMARA ANDERSON	TAMERA ANDERSON	1512407063	02/05/2024	234620629	\$333.32

Payment Received	Amount
Credit Card : American Express ending xxxx xxxx 2012 Authorization No. 108319	\$333.32