



MEMORANDUM
Statement
of Charges



Patient's Name

Mayo Clinic Number

Visit Number

Dates of Service

MR. SAM R. MERANTO

6-927-395

8119

04/28/08-04/28/08

Please refer to patient's name, Mayo Clinic number and visit number on all correspondence.

THIS IS NOT A BILL - PLEASE RETAIN FOR YOUR RECORDS

Date of Service	Service Code	Service Description	Amount
04/28/08	08180051	ELECTROLYTE PANEL	97.00
04/28/08	08183204	CREATININE, (FOR-CT, IVP, HEMO)	27.00
04/28/08	08183215	GLUCOSE (S)	.00
04/28/08	08184520	UREA NITROGEN; QUANTITATIVE	20.00
04/28/08	08109109	CBC W/5-PART WBC DIFFERENTL	50.00
04/28/08	08109236	PROTHROMBIN TIME	31.00
04/28/08	08185730	APTT	47.00
04/28/08	08109308	URINALYSIS, BY DIPSTICK	26.00
04/28/08	08170435	RD SHOULDER 2 VIEWS RIGHT	122.17
04/28/08	08172121	RD ED CHEST PA & LATERAL	128.80
04/28/08	08170486	CT MAXILLOFACIAL SCAN, W/O CONT	1,082.20
04/28/08	08172192	CT SCAN PELVIS W/O CONTRAST	1,122.37
04/28/08	08174150	CT ABDOMEN W/O CONTRAST	1,086.81
04/28/08	10081144	ED-FAC INTERMEDIATE III W/PROC	549.00
		TOTAL CHARGES	4,389.35

PAYMENTS RECEIVED WILL BE REFLECTED ON YOUR MONTHLY STATEMENT OF ACCOUNT