





TEAR OFF AND RETURN WITH PAYMENT

Statement Date
5/23/2011

OB Homecare
800 E 28th St
Minneapolis, MN 55407
612-863-9237

Charges or Payments received after this date will appear on next statement
 Circle one:    
 Card Number _____ SIC _____
 Amount Authorized _____ Exp. Date _____
 Signature _____
 Program: OBPos

Division: OBHC

AMOUNT ENCLOSED \$ _____

Test, Melanie
222 Second St NE
East Bethel, MN 55011

Acct#: 00000000138163
 Admit Date: 9/15/2010 Disch Date: 9/15/2010
 Patient ID: 00000000090609 MRN: 1005089289

Date	For: Test, Melanie	Amount
4/11/2011	Self Pay	
	90609 9/15/10 BCBS patient pay	
	Inv BCBS patient pay	226.00
		226.00

Patient responsibility charges are determined by your insurance company.

Current	61-120	121-270	271-365	366+	Please Pay This Amount
226.00	0.00	0.00	0.00	0.00	226.00