

Letter # 2

February 15 1998

Dr. S. R. Burzynski, MD, PhD  
12000 Richmond, Suite 260  
Houston, Texas 77082

Dear Dr. Burzynski

Re: Billing

Enclosed are several itemized statements which we received from you. We assumed you retained copies of them so did not bring the 12-26-97 and the 12-28-97 ones with us when we returned in January. Your staff could not find copies. None of them appear to be accurate.

Here is a recap of what we have paid you:

our ck no	Date	Amount	
4190	11-11-97	435.00	
4191	11-11-97	12,000.00	
4224	12-26-97	5425.00	(From Billing)
4240	12-28-97	<u>3050.00</u>	" "

Total \$20,910.00

Loss Pump 4500.00

Net to SRBC/MC \$16,410.00

Dr. S R. Burszynski, MD, PhD.

You have shipped No Supplies in February or  
late January, we feel you are paid in full  
perhaps, but who knows.

Please check our account and send us an  
accounting. We are anxious to have a Final  
billing.

Thank you!

Sincerely

~~XXXXXXXXXXXXXXXXXXXX~~

~~XXXXXXXXXXXXXXXXXXXX~~ G. XXXXXXXX

P.O. Box ~~XXXX~~

~~XXXXXXXXXXXXXXXXXXXX~~ XXXXXXXX

~~XXXXXXXXXXXXXXXXXXXX~~

CONSULT APPOINTMENT CHECK LIST EFFECTIVE 10/1/97

DATE: 10-31-97 PATIENT'S NAME: GAMMONE, [REDACTED]

PRE-TREATMENT EXPENSES

\_\_\_\_\_ MEDICAL RECORDS EVALUATION : \$300.00  
\_\_\_\_\_ INSURANCE PREDETERMINATION \$400.00

FIRST VISIT EXPENSES

\_\_\_\_\_ MEDICAL RECORDS EVALUATION AT TIME OF VISIT : \$300.00  
\_\_\_\_\_ INITIAL CONSULTATION : \$435.00  
\_\_\_\_\_ COMPASSIONATE EXCEPTION FILING (if needed) \$300.00  
\_\_\_\_\_ DIAGNOSTIC LAB (if needed) Price based on test required

Payment for medical records evaluation, consultation, lab, and compassionate exception report is due at time of visit.

TREATMENT EXPENSES

\_\_\_\_\_ Deposit towards services to initiate treatment while in Houston, charges can be \$10,000.00 or more \$7200.00  
\_\_\_\_\_ Pump Fee \$5000.00  
\_\_\_\_\_ Diagnostic Lab \$1750.00  
TOTAL DUE TO S.R. BURZYNSKI, TO INITIATE TREATMENT \$13,950.00  
CATHETER PLACEMENT \$1500.00  
\*\*(Payment is made to surgeon placing catheter)\*\*\*

ADDITIONAL CHARGES MAY BE INCURRED FOR DIAGNOSTIC TESTING NOT LISTED ABOVE (i.e. C.T. scans, MRL, X-ray)

\_\_\_\_\_ Your monthly case management program will start the day you are discharged from the clinic. This will be your due date each subsequent month of treatment. Monthly case management is \$14000.00 this is a global fee for professional services rendered by our staff to evaluate and manage your care and the IV supplies you will need to operate your pump and care for your catheter each month. You are responsible to pay your \$7200.00 monthly deposit, no later than two weeks from your due date.

PAYMENTS MUST BE RECEIVED IN FULL AT TIME SERVICES ARE RENDERED

ACCEPTABLE FORMS OF PAYMENT

- Personal Checks (authorized signatory must be present)
- Cash, Cashier checks, Money Orders
- Credit Cards (authorized signatory must be present)

**MAKE CHECKS PAYABLE TO:**

S.R. BURZYNSKI, M.D., PHD.  
 12000 RICHMOND, SUITE 260  
 HOUSTON, TX 77082

PHONE	713 597-0111
IRS NO	76-0301750

**STATEMENT**  
 RETURN UPPER PORTION OF  
 STATEMENT WITH PAYMENT

~~██████████~~ G ~~██████████~~  
 P.O. BOX ~~██████████~~  
 JACKSONVILLE, FL ~~██████████~~

PATIENT'S NAME <del>██████████</del> G <del>██████████</del>		
CLOSING DATE	PAGE NO.	NEW BALANCE
11/30/97	1	

NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

SHOW AMOUNT PAID HERE \$

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	DOCTOR	EXPLANATION OF ACTIVITY	PROC. CODE	DIAG. CODE	CHARGES & DEBITS	PAYMENTS & CREDITS	
11/11/97	SRB	CONSULT/COMPREHEN.	99245	157.9	400.00		
11/11/97	SRB	PULSE OXIMETRY	94760	157.9	35.00		
11/11/97	SRB	SPEC.REP/COM.EXEP OR TX PL	99080	157.9	300.00		
11/12/97	SRB	PATIENT DEPOSIT NON-CASH				-435.00	
CH# 4190							
11/12/97	SRB	PATIENT DEPOSIT NON-CASH				-300.00	
CH# 4191							
11/12/97	SRB	PATIENT DEPOSIT NON-CASH				-7200.00	
CH# 4191							
11/13/97	SRB	SPEC. REP./TX PLAN/CASE RE	99080	157.9	400.00		
11/13/97	SRB	PULSE OXIMETRY	94760	157.9	35.00		
11/13/97	SRB	NURSING ASSESSMENT	99211	157.9	75.00		
11/13/97	SRB	WEEKLY SUPPLIES	99070	157.9	500.00		
11/13/97	SRB	IV ADM. PUSH TECHNIQUE	96408	157.9	170.00		
11/13/97	SRB	NURSING INSTRUCTION	99078	157.9	120.00		
2 HOURS							
11/13/97	SRB	EDUCATIONAL SUPPLIES	99071	157.9	35.00		
11/13/97	SRB	TRAY WITH DRESSING CHANGE	44550	157.9	120.00		
11/13/97	SRB	INFUSION TECHNIQUE W/PUMP	96414	157.9	395.00		
11/14/97	SRB	FOLLOW UP VISIT/ LOW	99212	157.9	85.00		
11/14/97	SRB	PULSE OXIMETRY	94760	157.9	35.00		
11/14/97	SRB	NURSING ASSESSMENT	99211	157.9	75.00		
11/15/97	SRB	FOLLOW UP VISIT/ INTERMID	99213	157.9	100.00		
11/15/97	SRB	PULSE OXIMETRY	94760	157.9	35.00		
11/15/97	SRB	NURSING ASSESSMENT	99211	157.9	75.00		
11/15/97	SRB	INFUSION TECHNIQUE W/PUMP	96414	157.9	395.00		
11/15/97	SRB	SERV. REQ. ON SAT,SUN,HOLL	99054	157.9	95.00		
11/16/97	SRB	PULSE OXIMETRY	94760	157.9	35.00		
11/16/97	SRB	NURSING ASSESSMENT	99211	157.9	75.00		
11/16/97	SRB	INFUSION TECHNIQUE W/PUMP	96414	157.9	395.00		
CONTINUED							
STATEMENT CLOSING DATE	DATE OF LAST PAYMENT	AMT. OF LAST PAYMENT	BALANCE OVER 30 DAYS	BALANCE OVER 60 DAYS	BALANCE OVER 90 DAYS	NEW CHARGES	PAYMENTS & CREDITS
11/30/97							

PLEASE PAY THIS AMOUNT 

**MAKE CHECKS PAYABLE TO:**

R. BURZYNSKI, M.D., PHD.  
12000 RICHMOND, SUITE 260  
HOUSTON, TX 77082

PHONE	713 597-0111
IRS NO	76-0301750

**STATEMENT**

RETURN UPPER PORTION OF  
STATEMENT WITH PAYMENT

~~XXXXXXXXXX~~ G. ~~XXXXXXXXXX~~  
P.O. BOX ~~XXXX~~  
JACKSONVILLE, FL ~~XXXXXX~~


PATIENT'S NAME		
<del>XXXXXXXXXX</del> G. <del>XXXXXXXXXX</del>		
CLOSING DATE	PAGE NO.	NEW BALANCE
11/30/97	2	

NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

SHOW AMOUNT \$  
PAID HERE

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	DOCTOR	EXPLANATION OF ACTIVITY	PROC CODE	DIAG CODE	CHARGES & DEBITS	PAYMENTS & CREDITS	
11/16/97	SRB	SERV. REQ. ON SAT,SUN,HOLL	99054	157.9	95.00		
11/17/97	SRB	FOLLOW UP VISIT/ LOW	99212	157.9	85.00		
11/17/97	SRB	PULSE OXIMETRY	94760	157.9	35.00		
11/17/97	SRB	NURSING ASSESSMENT	99211	157.9	75.00		
11/17/97	SRB	NURSING INSTRUCTION	99078	157.9	120.00		
2 HOURS							
11/17/97	SRB	INFUSION TECHNIQUE W/PUMP	96414	157.9	395.00		
11/18/97	SRB	FOLLOW UP VISIT/ LOW	99212	157.9	85.00		
11/18/97	SRB	PULSE OXIMETRY	94760	157.9	35.00		
11/18/97	SRB	NURSING ASSESSMENT	99211	157.9	75.00		
11/18/97	SRB	NURSING INSTRUCTION	99078	157.9	60.00		
11/18/97	SRB	INFUSION TECHNIQUE W/PUMP	96414	157.9	395.00		
11/19/97	SRB	MEDICAL CONFERENCE	99361	157.9	150.00		
11/19/97	SRB	PULSE OXIMETRY	94760	157.9	35.00		
11/19/97	SRB	NURSING ASSESSMENT	99211	157.9	75.00		
11/19/97	SRB	NURSING INSTRUCTION	99078	157.9	60.00		
11/19/97	SRB	INFUSION TECHNIQUE W/PUMP	96414	157.9	395.00		
11/20/97	SRB	FOLLOW UP VISIT/ LOW	99212	157.9	85.00		
11/20/97	SRB	PULSE OXIMETRY	94760	157.9	35.00		
11/20/97	SRB	NURSING ASSESSMENT	99211	157.9	75.00		
11/20/97	SRB	WEEKLY SUPPLIES	99070	157.9	500.00		
11/20/97	SRB	NURSING INSTRUCTION	99078	157.9	60.00		
11/20/97	SRB	INFUSION TECHNIQUE W/PUMP	96414	157.9	395.00		
11/21/97	SRB	FOLLOW UP VISIT/ LOW	99212	157.9	85.00		
11/21/97	SRB	PULSE OXIMETRY	94760	157.9	35.00		
11/21/97	SRB	NURSING ASSESSMENT	99211	157.9	75.00		
11/21/97	SRB	NURSING INSTRUCTION	99078	157.9	120.00		
2 HOURS							
11/21/97	SRB	TRAY WITH DRESSING CHANGE	A4550	157.9	120.00		
11/21/97	SRB	INFUSION TECHNIQUE W/PUMP	96414	157.9	395.00		
		CONTINUED					
STATEMENT CLOSING DATE	DATE OF LAST PAYMENT	AMT. OF LAST PAYMENT	BALANCE OVER 30 DAYS	BALANCE OVER 60 DAYS	BALANCE OVER 90 DAYS	NEW CHARGES	PAYMENTS & CREDITS
11/30/97							

PLEASE PAY THIS AMOUNT 

**PAKE C. JECKS PAYABLE TO:**

R. BURZYNSKI, M.D., PHD.  
12000 RICHMOND, SUITE 260  
HOUSTON, TX 77082

PHONE	713 597-0111
IRS NO	76-0301750

**STATEMENT**

RETURN UPPER PORTION OF  
STATEMENT WITH PAYMENT

~~XXXXXXXXXX~~ G  
P.O. BOX  
JACKSONVILLE, FL ~~XXXXXX~~


PATIENT'S NAME	<del>XXXXXXXXXX</del> G	
CLOSING DATE	PAGE NO.	NEW BALANCE
11/30/97	3	

NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

SHOW AMOUNT \$  
PAID HERE

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	DOCTOR	EXPLANATION OF ACTIVITY	PROC. CODE	DIAG. CODE	CHARGES & DEBITS	PAYMENTS & CREDITS	
11/22/97	SRB	PULSE OXIMETRY	94760	157.9	35.00		
11/22/97	SRB	NURSING ASSESSMENT	99211	157.9	75.00		
11/22/97	SRB	INFUSION TECHNIQUE W/PUMP	96414	157.9	395.00		
11/22/97	SRB	SERV. REQ. ON SAT,SUN,HOLL	99054	157.9	95.00		
11/23/97	SRB	FOLLOW UP VISIT/ LOW	99212	157.9	85.00		
11/23/97	SRB	PULSE OXIMETRY	94760	157.9	35.00		
11/23/97	SRB	NURSING ASSESSMENT	99211	157.9	75.00		
11/23/97	SRB	SERV. REQ. ON SAT,SUN,HOLL	99054	157.9	95.00		
11/24/97	SRB	FOLLOW UP VISIT/ LOW	99212	157.9	85.00		
11/24/97	SRB	PULSE OXIMETRY	94760	157.9	35.00		
11/24/97	SRB	NURSING ASSESSMENT	99211	157.9	75.00		
11/25/97	SRB	FOLLOW UP VISIT/ LOW	99212	157.9	85.00		
11/25/97	SRB	PULSE OXIMETRY	94760	157.9	35.00		
11/25/97	SRB	NURSING ASSESSMENT	99211	157.9	75.00		
11/25/97	SRB	INFUSION TECHNIQUE W/PUMP	96414	157.9	395.00		
11/26/97	SRB	FOLLOW UP VISIT/ LOW	99212	157.9	85.00		
11/26/97	SRB	PULSE OXIMETRY	94760	157.9	35.00		
11/26/97	SRB	NURSING ASSESSMENT	99211	157.9	75.00		
11/26/97	SRB	NURSING INSTRUCTION	99078	157.9	60.00		
11/26/97	SRB	INFUSION TECHNIQUE W/PUMP	96414	157.9	395.00		
11/27/97	SRB	PULSE OXIMETRY	94760	157.9	35.00		
11/27/97	SRB	NURSING ASSESSMENT	99211	157.9	75.00		
11/27/97	SRB	INFUSION TECHNIQUE W/PUMP	96414	157.9	395.00		
11/27/97	SRB	SERV. REQ. ON SAT,SUN,HOLL	99054	157.9	95.00		
11/28/97	SRB	PULSE OXIMETRY	94760	157.9	35.00		
11/28/97	SRB	NURSING ASSESSMENT	99211	157.9	75.00		
11/28/97	SRB	INFUSION TECHNIQUE W/PUMP	96414	157.9	395.00		
11/28/97	SRB	SERV. REQ. ON SAT,SUN,HOLL	99054	157.9	95.00		
11/29/97	SRB	PULSE OXIMETRY	94760	157.9	35.00		
11/29/97	SRB	NURSING ASSESSMENT	99211	157.9	75.00		
CONTINUED							
STATEMENT CLOSING DATE	DATE OF LAST PAYMENT	AMT. OF LAST PAYMENT	BALANCE OVER 30 DAYS	BALANCE OVER 60 DAYS	BALANCE OVER 90 DAYS	NEW CHARGES	PAYMENTS & CREDITS
11/30/97							

PLEASE PAY THIS AMOUNT 

**MAKE CHECKS PAYABLE TO:**

J.R. BURZYNSKI, M.D., PHD.  
12000 RICHMOND, SUITE 260  
HOUSTON, TX 77082

PHONE	713 597-0111
IRS NO	76-0301750

**STATEMENT**

RETURN UPPER PORTION OF  
STATEMENT WITH PAYMENT

~~XXXXXXXXXX~~ G  
P.O. BOX ~~XXXX~~  
JACKSONVILLE, FL ~~XXXX~~

PATIENT'S NAME <del>XXXXXXXXXX</del> G		
CLOSING DATE	PAGE NO.	NEW BALANCE
11/30/97	4	\$5425.00

NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

SHOW AMOUNT PAID HERE \$

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	DOCTOR	EXPLANATION OF ACTIVITY	PROC. CODE	DIAG. CODE	CHARGES & DEBITS	PAYMENTS & CREDITS
11/29/97	SRB	WEEKLY SUPPLIES	99070	157.9	500.00	
11/29/97	SRB	INFUSION TECHNIQUE W/PUMP	96414	157.9	395.00	
11/29/97	SRB	SERV. REQ. ON SAT,SUN,HOLL	99054	157.9	95.00	
11/30/97	SRB	PULSE OXIMETRY	94760	157.9	35.00	
11/30/97	SRB	NURSING ASSESSMENT	99211	157.9	75.00	
11/30/97	SRB	INFUSION TECHNIQUE W/PUMP	96414	157.9	395.00	
11/30/97	SRB	SERV. REQ. ON SAT,SUN,HOLL	99054	157.9	95.00	

PREVIOUS BALANCE

0.00

IF YOU HAVE ANY QUESTIONS OR COMMENTS, PLEASE CALL OUR OFFICE AT 281/597-0111

*CR # 4226  
12-26-97  
\$5425.00*

THANK YOU FOR YOUR PROMPT PAYMENT.

STATEMENT CLOSING DATE	DATE OF LAST PAYMENT	AMT. OF LAST PAYMENT	BALANCE OVER 30 DAYS	BALANCE OVER 60 DAYS	BALANCE OVER 90 DAYS	NEW CHARGES	PAYMENTS & CREDITS
11/30/97	11/12/97	\$7935.00	0.00	0.00	0.00	13360.00	7935.00

PLEASE PAY THIS AMOUNT →

\$5425.00

**MAKE CHECKS PAYABLE TO:**

S.R. BURZYNSKI, M.D., PHD.  
12000 RICHMOND, SUITE 280  
HOUSTON, TX 77082

PHONE 713 597-0111

76-0301750

**STATEMENT**

RETURN UPPER PORTION OF  
STATEMENT WITH PAYMENT

P.O. BOX  
JACKSONVILLE, FL

PATIENT'S NAME

CLOSING DATE

12/5/97

PAGE NO.

1

NEW BALANCE


\$8,475.00

NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

SHOW AMOUNT PAID HERE \$

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	DOCTOR	EXPLANATION OF ACTIVITY	PROC. CODE	DIAG. CODE	CHARGES & DEBITS	PAYMENTS & CREDITS	
PROFESSIONAL SERVICES							
11/11/97	SRB	CONSULT/COMPREHEN.	99245	157.9	\$400.00		
11/11/97	SRB	PULSE OXIMETRY	94760	157.9	\$35.00		
11/11/97	SRB	SPEC.REP/COM.EXEP OR TX P	99080	157.9	\$300.00		
11/12/97	SRB	PATIENT DEPOSIT NON-CASH				-\$435.00	
CH# 4190							
11/12/97	SRB	PATIENT DEPOSIT NON-CASH				-\$300.00	
CH# 4191							
11/12/97	SRB	PATIENT DEPOSIT NON-CASH				7,200.00	
CH# 4191							
11/13/97	SRB	SPEC. REP./TX PLAN/CASE R	99080	157.9	\$400.00		
11/13/97	SRB	PULSE OXIMETRY	94760	157.9	\$35.00		
11/13/97	SRB	NURSING ASSESSMENT	99211	157.9	\$75.00		
11/13/97	SRB	WEEKLY SUPPLIES	99070	157.9	\$500.00		
11/13/97	SRB	IV ADM. PUSH TECHNIQUE	96408	157.9	\$170.00		
11/13/97	SRB	NURSING INSTRUCTION	99078	157.9	\$120.00		
2 HOURS							
11/13/97	SRB	EDUCATIONAL SUPPLIES	99071	157.9	\$35.00		
11/13/97	SRB	TRAY WITH DRESSING CHANGE	A4550	157.9	\$120.00		
11/13/97	SRB	INFUSION TECHNIQUE W/PUMP	96414	157.9	\$395.00		
11/14/97	SRB	FOLLOW UP VISIT/ LOW	99212	157.9	\$85.00		
11/14/97	SRB	PULSE OXIMETRY	94760	157.9	\$35.00		
11/14/97	SRB	NURSING ASSESSMENT	99211	157.9	\$75.00		
11/15/97	SRB	FOLLOW UP VISIT/ INTERMID	99213	157.9	\$100.00		
11/15/97	SRB	PULSE OXIMETRY	94760	157.9	\$35.00		
11/15/97	SRB	NURSING ASSESSMENT	99211	157.9	\$75.00		
11/15/97	SRB	INFUSION TECHNIQUE W/PUMP	96414	157.9	\$395.00		
11/15/97	SRB	SERV. REQ. ON SAT,SUN,HOL	99054	157.9	\$95.00		
STATEMENT CLOSING DATE	DATE OF LAST PAYMENT	AMT. OF LAST PAYMENT	BALANCE OVER 30 DAYS	BALANCE OVER 60 DAYS	BALANCE OVER 90 DAYS	NEW CHARGES	PAYMENTS & CREDITS
12/5/97							

PLEASE PAY THIS AMOUNT 

CONTINUED

STATEMENT	DATE OF LAST	AMT. OF LAST	BALANCE OVER	BALANCE OVER	BALANCE OVER	NEW	PAYMENTS
CLOSING DATE	PAYMENT	PAYMENT	30 DAYS	60 DAYS	90 DAYS	CHARGES	& CREDITS
12/5/97							



MAKE CHECKS PAYABLE TO:

S.R. BURZYNSKI, M.D., PHD.  
12000 RICHMOND, SUITE 260  
HOUSTON, TX 77082

PHONE 713 597-0111

76-0301750

**STATEMENT**

RETURN UPPER PORTION OF  
STATEMENT WITH PAYMENT

~~XXXXXXXXXX~~ G. ~~XXXXXXXXXX~~  
P.O. BOX ~~XXXX~~  
~~XXXXXXXXXX~~ FL ~~XXXX~~

PATIENT'S NAME

CLOSING DATE

PAGE NO.

NEW BALANCE

12/5/97

5

\$8,475.00

SHOW AMOUNT  
PAID HERE \$

NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	DOCTOR	EXPLANATION OF ACTIVITY	PROC. CODE	DIAG. CODE	CHARGES & DEBITS	PAYMENTS & CREDITS	
12/4/97	SRB	INFUSION TECHNIQUE W/PUMP	96414	157.9	\$395.00		
12/5/97	SRB	FOLLOW UP VISIT/ LOW	99212	157.9	\$85.00		
12/5/97	SRB	PULSE OXIMETRY	94760	157.9	\$35.00		
12/5/97	SRB	NURSING ASSESSMENT	99211	157.9	\$75.00		
12/5/97	SRB	INFUSION TECHNIQUE W/PUMP	96414	157.9	\$395.00		
		<i>Pl. C/A # 4124</i>					
		<i>12-26-97</i>					
		<i>2475.00</i>					
		<i>\$5425.00</i>					
		<i>3050.00</i>					
		<i>12-25-97</i>					
		<i>\$1300.00</i>					
STATEMENT CLOSING DATE	DATE OF LAST PAYMENT	AMT. OF LAST PAYMENT	BALANCE OVER 30 DAYS	BALANCE OVER 60 DAYS	BALANCE OVER 90 DAYS	NEW CHARGES	PAYMENTS & CREDITS
12/5/97						6,410.00	7,935.00

PLEASE PAY THIS AMOUNT →

8,475.00

**MAKE CHECKS PAYABLE TO:**

S.R. BURZYNSKI, M.D., PH.D.  
12000 RICHMOND, SUITE 260  
HOUSTON, TX 77082

PHONE	713 597-0111
IRS NO	76-0301750

**STATEMENT**

RETURN UPPER PORTION OF  
STATEMENT WITH PAYMENT

~~XXXXXXXXXX~~ G ~~XXXXXXXXXX~~  
P.O. BOX ~~XXXX~~  
JACKSONVILLE, FL ~~XXXXXX~~

PATIENT'S NAME <del>XXXXXXXXXX</del> G <del>XXXXXXXXXX</del>		
CLOSING DATE	PAGE NO.	NEW BALANCE
1/31/98	1	\$18666.6

NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

SHOW AMOUNT \$  
PAID HERE

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	DOCTOR	EXPLANATION OF ACTIVITY	PROC. CODE	DIAG. CODE	CHARGES & DEBITS	PAYMENTS & CREDITS	
1/6/98	SRB	MONTHLY CASE MANAGEMENT	99499	157.9	14000.00		
1/8/98	SRB	PATIENT DEPOSIT NON-CASH				-1275.00	
CH# 4224,							
1/31/98	SRB	CREDIT OFF TREATMENT				-9333.40	
1/16/98-	DISCONT. TX						
		PREVIOUS BALANCE			15275.00		
IF YOU HAVE ANY QUESTIONS OR COMMENTS, PLEASE CALL OUR OFFICE AT 281/597-0111							
THANK YOU FOR YOUR PROMPT PAYMENT.							
STATEMENT CLOSING DATE	DATE OF LAST PAYMENT	AMT. OF LAST PAYMENT	BALANCE OVER 30 DAYS	BALANCE OVER 60 DAYS	BALANCE OVER 90 DAYS	NEW CHARGES	PAYMENTS & CREDITS
1/31/98	1/8/98	\$1275.0	6800.00	8475.00	0.00	14000.00	-10608.4
							\$18666.6

PLEASE PAY THIS AMOUNT 