

BALL MEMORIAL HOSPITAL

MUNCIE, INDIANA 47303

81

"Your Community Hospital"

PATIENT NUMBER 6589928
BILLING DATE 3-18-78
ADMIT DATE 2-4-78
DISCHARGE DATE 3-13-78

STATEMENT FOR THE ACCOUNT OF:

CRABILL MABEL M

CRABILL MABEL M

1927 E 17TH ST

MUNCIE IN 47302

RESPON-
SIBLE
PARTY

SEX	DATE OF BIRTH
FEMALE	7-1-99

TOTAL DAYS
BASIC SUPPL.

THE AMOUNT OF INSURANCE COVERAGE SHOWN ON THIS STATEMENT IS AN ESTIMATE ONLY. THIS STATEMENT DOES NOT INCLUDE PROFESSIONAL SERVICES FOR LABORATORY, X-RAY OR ANESTHESIA.

TOTALS FORWARD IRS NO. 35-0847958 .00

DATE	CODE	DESCRIPTION	QUANTITY	REF.	PAYMENTS	CHARGES
	4-E 004861	2 BED ROOM ROOM	86.00 13 DA			1,118.00
	CCU 000071	ICU/CCU ROOM	251.00 5 DA			1,255.00
	5-E 005711	2 BED ROOM ROOM	86.00 19 DA			1,634.00
2- 5-78	5 12 512-04659	PHARMACY	10			2.70
2- 5-78	5 12 512-05502	PHARMACY	5			2.10
2- 5-78	5 12 512-07515	PHARMACY	3			1.95
2- 5-78	5 12 512-09138	PHARMACY	1			3.00
2- 5-78	5 13 513-00106	1000CC	1			6.50
2- 5-78	5 13 513-00106	1000CC	1			6.50
2- 5-78	5 13 513-00501	LINEN SAVER	1			1.45
2- 5-78	5 13 513-00503	FOLEY CATHETER	1			11.40
2- 5-78	5 13 513-00511	IRRIGATING NS, 500	1			2.05
2- 5-78	5 14 514-00900	EMERGENCY ROOM	1			16.50
2- 5-78	5 22 532-01180	ELECTROLYTE GROUP 1	1			13.50
2- 6-78	6 08 508-00110	ROUTINE EKG	1			22.00
2- 6-78	6 13 513-00106	1000CC	1			6.50
2- 6-78	6 13 513-00106	1000CC	1			6.50
2- 6-78	6 13 513-00336	PUMP THERMOTIC	1			3.00
2- 6-78	6 13 513-00554	CATHETER CARE TRAY	2			3.34
2- 6-78	6 13 513-00795	SUCTION CATH W/GLOV	1			8.00
2- 6-78	6 22 525-51004	URINALYSIS, COMPLETE	1			7.50
2- 6-78	6 22 526-19704	CBC W/INDICES, DIFF	1			9.50
2- 6-78	6 22 526-38903	PLATELET COUNT	1			6.50
2- 6-78	6 22 527-51900	VDRL ROUTINE	1			6.00
2- 6-78	6 22 532-01260	PROFILE CHEM 12	1			13.50
PAGE NO. 1			TOTALS FORWARD			.00 4,166.99

TOTAL CHARGES	MISCELLANEOUS	SUPPLIES	X-RAY	LAB-PATH	DRUGS	NURSERY	ROOM, DIET, NURSING	BLOOD	TOTAL BILL
BASIC BENEFITS									
SUPP. BENEFITS									
PATIENT'S PORTION									

CODES:

501 - ICU/CCU

502 - NURSERY

503 - OPERATING
ROOM

504 - RECOVERY
ROOM

505 - DELIVERY
ROOM

506 - ANESTHESIOLOGY

507 - X-RAY TECHNOLOGY

508 - CARDIAC DIAGNOSTIC

509 - PHYSICAL THERAPY

510 - OCCUPATIONAL
THERAPY

511 - INHALATION
THERAPY

512 - PHARMACY

513 - MEDICAL &
SURGICAL SUPPLIES

514 - EMERGENCY ROOM

515 - OUTPATIENT CLINIC

516 - FAMILY PRACTICE

517 - BLOOD BANK

518 - COMPANION CHARGE

522 THRU 533 - LABORATORY CHARGES

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PATIENT NUMBER

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7- 1-99

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TOTALS FORWARD IRS NO. 35-0867958 4166.99

DATE	CODE	DESCRIPTION	QUANTITY	REF.	PAYMENTS	CHARGES
2- 7-78	7 13 513-00106	1000CC	1			6.50
2- 7-78	7 13 513-00106	1000CC	1			6.50
2- 7-78	7 13 513-00795	SUCTION CATH W/GLOV	1			8.00
2- 7-78	7 13 513-00900	CENTRAL SUPPLY	1			22.25
2- 8-78	8 12 512-05536	PHARMACY	4			6.20
2- 8-78	8 12 512-06365	PHARMACY	4			3.00
2- 8-78	8 12 512-09115	PHARMACY	2			1.80
2- 8-78	8 13 513-00106	1000CC	1			6.50
2- 8-78	8 13 513-00106	1000CC	1			6.50
2- 8-78	8 13 513-00106	1000CC	1			6.50
2- 8-78	8 13 513-00554	CATHETER CARE TRAY	2			3.34
2- 8-78	8 13 513-00554	CATHETER CARE TRAY	1			1.67
2- 9-78	9 12 512-00003	PHARMACY	1			2.10
2- 9-78	9 12 512-00003	PHARMACY	1			2.10
2- 9-78	9 13 513-00106	1000CC	1			6.50
2- 9-78	9 13 513-00106	1000CC	1			6.50
2- 9-78	9 13 513-00106	1000CC	1			6.50
2- 9-78	9 13 513-00501	LINEN SAVER	1			1.45
2- 9-78	9 13 513-00554	CATHETER CARE TRAY	1			1.67
2- 9-78	9 13 513-00554	CATHETER CARE TRAY	2			3.34
2-10-78	10 12 512-00003	PHARMACY	1			2.10
2-10-78	10 12 512-07532	PHARMACY	2			2.25
2-10-78	10 13 513-00106	1000CC	1			6.50
2-10-78	10 13 513-00106	1000CC	1			6.50
2-10-78	10 13 513-00106	1000CC	1			6.50
2-10-78	10 13 513-00106	1000CC	1			6.50
2-10-78	10 13 513-00501	LINEN SAVER	1			1.45
PAGE NO. 2			TOTALS FORWARD		.00	4,307.71

TOTAL CHARGES	MISCELLANEOUS	SUPPLIES	X-RAY	LAB-PATH	DRUGS	NURSERY	ROOM,DIET,NURSING	BLOOD	TOTAL BILL
BASIC BENEFITS									
SUPP. BENEFITS									
PATIENT'S PORTION									

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DATE OF BIRTH

FEMALE 7-1-99

TOTAL DAYS

BASIC SUPPL.

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TOTALS FORWARD IRS NO. 35-0867958 4307.71

DATE	CODE	DESCRIPTION	QUANTITY	REF.	PAYMENTS	CHARGES
2-10-78	10 13 513-00554	CATHETER CARE TRAY	2			3.34
2-10-78	10 13 513-00900	CENTRAL SUPPLY	1			1.45
2-10-78	10 22 532-01180	ELECTROLYTE GROUP 1	1			13.50
2-11-78	11 12 512-00003	PHARMACY	1			2.10
2-11-78	11 12 512-05536	PHARMACY	4			6.20
2-11-78	11 12 512-06365	PHARMACY	4			3.00
2-11-78	11 13 513-00106	1000CC	1			6.50
2-11-78	11 13 513-00106	1000CC	1			6.50
2-11-78	11 13 513-00106	1000CC	1			6.50
2-12-78	12 13 513-00106	1000CC	1			6.50
2-12-78	12 13 513-00330	MATTRESS	1			5.00
2-12-78	12 13 513-00501	LINEN SAVER	1			1.45
2-12-78	12 13 513-00503	FOLEY CATHETER	1			11.40
2-12-78	12 13 513-00554	CATHETER CARE TRAY	1			1.67
2-13-78	13 13 513-00106	1000CC	1			6.50
2-13-78	13 13 513-00106	1000CC	1			6.50
2-14-78	14 12 512-00003	PHARMACY	1			2.10
2-14-78	14 12 512-00003	PHARMACY	1			2.10
2-14-78	14 12 512-00003	PHARMACY	1			2.10
2-14-78	14 12 512-09115	PHARMACY	4			2.10
2-14-78	14 13 513-00106	1000CC	1			6.50
2-14-78	14 13 513-00552	ROUND NEEDLE CATH.	1			1.50
2-14-78	14 13 513-00554	CATHETER CARE TRAY	3			5.01
2-14-78	14 13 513-00900	CENTRAL SUPPLY	1			4.95
2-15-78	15 12 512-00003	PHARMACY	1			2.10
2-15-78	15 12 512-00003	PHARMACY	1			2.10
2-15-78	15 12 512-05536	PHARMACY	2			3.85
PAGE NO. 3			TOTALS FORWARD			.00 4,430.23

TOTAL CHARGES	MISCELLANEOUS	SUPPLIES	X-RAY	LAB-PATH	DRUGS	NURSERY	ROOM,DIET,NURSING	BLOOD	TOTAL BILL
BASIC BENEFITS									
SUPP. BENEFITS									
PATIENT'S PORTION									

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BASIC SUPPL.

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TOTALS FORWARD IRS NO. 35-0867958 4430.23

DATE	CODE	DESCRIPTION	QUANTITY	REF.	PAYMENTS	CHARGES
2-15-78	15 12 512-06365	PHARMACY	4			3.00
2-15-78	15 12 512-07532	PHARMACY	1			1.90
2-15-78	15 13 513-00106	1000CC	1			6.50
2-16-78	16 12 512-00003	PHARMACY	1			2.10
2-16-78	16 12 512-00003	PHARMACY	1			2.10
2-16-78	16 12 512-05536	PHARMACY	2			3.85
2-16-78	16 12 512-07515	PHARMACY	3			1.95
2-16-78	16 13 513-00106	1000CC	1			6.50
2- 4-78	4 21 521-00005	TELEPHONE SERVICE	12			9.00
2-17-78	17 12 512-00003	PHARMACY	1			2.10
2-17-78	17 12 512-04107	PHARMACY	2			2.05
2-17-78	17 12 512-04142	PHARMACY	1			2.15
2-17-78	17 12 512-04600	PHARMACY	20			1.90
2-17-78	17 12 512-05536	PHARMACY	3			5.05
2-17-78	17 13 513-00322	CRASH CART CODE BLUE	1			10.00
2-17-78	17 13 513-00506	DRAINAGE BAG	1			3.60
2-17-78	17 13 513-00508	INTRA CATH	1			2.05
2-17-78	17 13 513-00554	CATHETER CARE TRAY	2			3.34
2-18-78	18 08 508-00110	ROUTINE EKG	1			22.00
2-18-78	18 12 512-01522	PHARMACY	4			24.30
2-18-78	18 12 512-01540	PHARMACY	5			34.85
2-18-78	18 12 512-04102	PHARMACY	5			1.60
2-18-78	18 12 512-04148	PHARMACY	1			4.10
2-18-78	18 12 512-04148	PHARMACY	1			4.10
2-18-78	18 12 512-04602	PHARMACY	5			1.95
2-18-78	18 12 512-04613	PHARMACY	20			1.90
2-18-78	18 12 512-04652	PHARMACY	1			2.65
PAGE NO. 4			TOTALS FORWARD		.00	4,596.82

TOTAL CHARGES	MISCELLANEOUS	SUPPLIES	X-RAY	LAB-PATH	DRUGS	NURSERY	ROOM,DIET,NURSING	BLOOD	TOTAL BILL
BASIC BENEFITS									
SUPP. BENEFITS									
PATIENT'S PORTION									

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TOTALS FORWARD IRS NO. 35-0867958 4596.82

DATE	CODE	DESCRIPTION	QUANTITY	REF.	PAYMENTS	CHARGES
2-18-78	18 12 512-05538	PHARMACY	1			2.30
2-18-78	18 12 512-25800	PHARMACY	4			7.50
2-18-78	18 12 512-25801	PHARMACY	1			3.00
2-18-78	18 13 513-00106	1000CC	1			6.50
2-18-78	18 13 513-00107	500CC	1			5.50
2-18-78	18 13 513-00109	ADD-A-A-LINE SOL	1			4.00
2-18-78	18 13 513-00109	ADD-A-A-LINE SOL	4			16.00
2-18-78	18 13 513-00509	MICRO DRIP	1			1.50
2-18-78	18 13 513-00515	ANTI-EMBOLISM STK KN	1			6.50
2-18-78	18 13 513-00520	URINOMETER	1			9.80
2-18-78	18 22 522-21709	COLONY COUNT LOOP	1			7.50
2-18-78	18 22 522-21709	COLONY COUNT LOOP	1			7.50
2-18-78	18 22 522-23507	CULTURE URINE-DEF	1			11.50
2-18-78	18 22 522-23507	CULTURE URINE-DEF	1			11.50
2-18-78	18 22 522-44105	SENSITIVITY M I C	1			15.00
2-18-78	18 22 522-44105	SENSITIVITY M I C	1			15.00
2-18-78	18 22 523-22608	CPK	1			12.50
2-18-78	18 22 523-28150	GAS STUDY-ARTERIAL	1			19.50
2-18-78	18 22 523-44407	SGOT TRANSAMINASE	1			8.50
2-18-78	18 22 525-51004	URINALYSIS, COMPLETE	1			7.50
2-18-78	18 22 532-01180	ELECTROLYTE GROUP 1	1			13.50
2-18-78	18 22 533-46450	STAT SERVICE	1			6.00
2-18-78	18 22 533-46450	STAT SERVICE	1			6.00
2-18-78	18 22 533-46450	STAT SERVICE	1			6.00
2-19-78	19 08 508-00110	ROUTINE EKG	1			22.00
2-19-78	19 11 511-00021	MASKS CATHETERS 2/3	1			11.00
2-19-78	19 11 511-00054	O2 SET UP	1			6.00
PAGE NO. 5			TOTALS FORWARD	.00	4,845.92	

TOTAL CHARGES	MISCELLANEOUS	SUPPLIES	X-RAY	LAB-PATH	DRUGS	NURSERY	ROOM, DIET, NURSING	BLOOD	TOTAL BILL
BASIC BENEFITS									
SUPP. BENEFITS									
PATIENT'S PORTION									

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SEX	DATE OF BIRTH
FEMALE	7-1-99

TOTAL DAYS	
BASIC	SUPPL.

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TOTALS FORWARD IRS NO. 35-0867958 4845.92

DATE	CODE	DESCRIPTION	QUANTITY	REF.	PAYMENTS	CHARGES
2-19-78	19 12 512-00024	PHARMACY	1			1.90
2-19-78	19 12 512-01540	PHARMACY	5			34.85
2-19-78	19 12 512-01540	PHARMACY	5			34.85
2-19-78	19 12 512-25800	PHARMACY	5			9.40
2-19-78	19 13 513-00109	ADD-A-A-LINE SOL	1			4.00
2-20-78	20 07 507-71020	CHEST, TWO VIEWS	1			17.50
2-20-78	20 07 507-71090	PACEMAKER INSERTION	1			51.00
2-20-78	20 11 511-00022	MASKS CATHETERS 1	1			13.00
2-20-78	20 12 512-00024	PHARMACY	1			1.90
2-20-78	20 12 512-01540	PHARMACY	4			27.85
2-20-78	20 12 512-04111	PHARMACY	20			2.70
2-20-78	20 12 512-04602	PHARMACY	5			1.95
2-20-78	20 13 513-00106	1000CC	1			6.50
2-20-78	20 13 513-00109	ADD-A-A-LINE SOL	1			4.00
2-20-78	20 13 513-00109	ADD-A-A-LINE SOL	1			4.00
2-20-78	20 13 513-00109	ADD-A-A-LINE SOL	1			4.00
2-20-78	20 13 513-00109	ADD-A-A-LINE SOL	5			20.00
2-20-78	20 13 513-00109	ADD-A-A-LINE SOL	1			4.00
2-20-78	20 13 513-00109	ADD-A-A-LINE SOL	1			4.00
2-20-78	20 13 513-00900	CENTRAL SUPPLY	1			7.00
2-20-78	20 13 513-00900	CENTRAL SUPPLY	1			1.45
2-20-78	20 13 513-00900	CENTRAL SUPPLY	1			77.60
2-20-78	20 13 513-02227	PACEMAKER TRAY	1			7.50
2-20-78	20 13 513-02227	PACEMAKER TRAY	1			7.50
2-20-78	20 13 513-02364	PACEMAKER GENERATOR	1			75.00
2-20-78	20 22 522-44105	SENSITIVITY M I C	1			15.00
2-20-78	20 22 523-22608	CPK	1			12.50
PAGE NO. 6			TOTALS FORWARD		.00	5,296.87

TOTAL CHARGES	MISCELLANEOUS	SUPPLIES	X-RAY	LAB-PATH	DRUGS	NURSERY	ROOM,DIET,NURSING	BLOOD	TOTAL BILL
BASIC BENEFITS									
SUPP. BENEFITS									
PATIENT'S PORTION									

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TOTALS FORWARD IRS NO. 35-0867958 5296.87

DATE	CODE	DESCRIPTION	QUANTITY	REF.	PAYMENTS	CHARGES
2-20-78	20 22 523-44407	SGOT TRANSAMINASE	1			8.50
2-20-78	20 22 532-01260	PROFILE CHEM 12	1			13.50
2-21-78	21 08 508-00110	ROUTINE EKG	1			22.00
2-21-78	21 08 508-00110	ROUTINE EKG	1			22.00
2-21-78	21 11 511-00022	MASKS CATHETERS 1	1			13.00
2-21-78	21 12 512-00024	PHARMACY	1			1.90
2-21-78	21 12 512-01508	PHARMACY	20			4.70
2-21-78	21 12 512-01540	PHARMACY	5			34.85
2-21-78	21 13 513-00109	ADD-A-A-LINE SOL	1			4.00
2-21-78	21 13 513-00109	ADD-A-A-LINE SOL	1			4.00
2-21-78	21 13 513-00900	CENTRAL SUPPLY	1			14.95
2-22-78	22 11 511-00022	MASKS CATHETERS 1	1			13.00
2-22-78	22 12 512-00024	PHARMACY	1			1.90
2-22-78	22 12 512-01816	PHARMACY	1			3.80
2-22-78	22 13 513-00109	ADD-A-A-LINE SOL	1			4.00
2-22-78	22 13 513-00109	ADD-A-A-LINE SOL	1			4.00
2-22-78	22 13 513-00109	ADD-A-A-LINE SOL	1			4.00
2-22-78	22 13 513-00109	ADD-A-A-LINE SOL	1			4.00
2-22-78	22 13 513-00109	ADD-A-A-LINE SOL	1			4.00
2-22-78	22 13 513-00109	ADD-A-A-LINE SOL	1			4.00
2-22-78	22 13 513-00506	DRAINAGE BAG	1			3.60
2-23-78	23 11 511-00020	MASKS CATHETERS 1/3	1			9.00
2-23-78	23 11 511-00021	MASKS CATHETERS 2/3	1			11.00
2-23-78	23 11 511-00054	O2 SET UP	1			6.00
2-23-78	23 12 512-01540	PHARMACY	5			34.85
2-23-78	23 13 513-00109	ADD-A-A-LINE SOL	1			4.00
2-23-78	23 13 513-00109	ADD-A-A-LINE SOL	1			4.00
PAGE NO. 7			TOTALS FORWARD		.00	5,555.42

TOTAL CHARGES	MISCELLANEOUS	SUPPLIES	X-RAY	LAB-PATH	DRUGS	NURSERY	ROOM,DIET,NURSING	BLOOD	TOTAL BILL
BASIC BENEFITS									
SUPP. BENEFITS									
PATIENT'S PORTION									

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FEMALE	7-1-99

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TOTALS FORWARD IRS NO. 35-0867958 5555.42

DATE	CODE	DESCRIPTION	QUANTITY	REF.	PAYMENTS	CHARGES
2-23-78	23 13 513-00517	MID-STREAMKIT	1			.85
2-23-78	23 13 513-00519	THERMOMETER KIT	1			1.00
2-23-78	23 13 513-00795	SUCTION CATH W/GLOV	1			8.00
2-23-78	23 22 526-19704	CBC W/INDICES, DIFF	1			9.50
2-23-78	23 22 532-01180	ELECTROLYTE GROUP 1	1			13.50
2-24-78	24 12 512-01540	PHARMACY	4			27.85
2-24-78	24 12 512-01816	PHARMACY	1			3.80
2-24-78	24 12 512-04102	PHARMACY	5			1.60
2-24-78	24 12 512-04108	PHARMACY	1			3.15
2-24-78	24 12 512-04108	PHARMACY	1			3.15
2-24-78	24 12 512-04109	PHARMACY	1			3.75
2-24-78	24 13 513-00106	1000CC	1			6.50
2-24-78	24 13 513-00106	1000CC	1			6.50
2-24-78	24 13 513-00106	1000CC	1			6.50
2-24-78	24 13 513-00107	500CC	1			5.50
2-24-78	24 13 513-00107	500CC	1			5.50
2-24-78	24 13 513-00109	ADD-A-A-LINE SOL	1			4.00
2-24-78	24 13 513-00346	TELEMETRIC	1			36.00
2-24-78	24 13 513-00501	LINEN SAVER	1			1.45
2-24-78	24 13 513-00509	MICRO DRIP	1			1.50
2-24-78	24 13 513-00552	ROUND NEEDLE CATH.	1			1.50
2-24-78	24 13 513-00795	SUCTION CATH W/GLOV	1			8.00
2-24-78	24 13 513-00900	CENTRAL SUPPLY	1			9.90
2-24-78	24 13 513-00900	CENTRAL SUPPLY	1			22.25
2-24-78	24 13 513-00900	CENTRAL SUPPLY	1			4.95
2-24-78	24 22 522-21709	COLONY COUNT LOOP	1			7.50
2-24-78	24 22 522-23442	CULTURE BLOOD-DEF	1			17.50
PAGE NO. 8			TOTALS FORWARD		.00	5,776.62

TOTAL CHARGES	MISCELLANEOUS	SUPPLIES	X-RAY	LAB-PATH	DRUGS	NURSERY	ROOM,DIET,NURSING	BLOOD	TOTAL BILL
BASIC BENEFITS									
SUPP. BENEFITS									
PATIENT'S PORTION									

BALL MEMORIAL HOSPITAL

MUNCIE, INDIANA 47303

81

"Your Community Hospital"

PATIENT NUMBER

6589928

BILLING DATE

3-18-78

ADMIT DATE

2- 4-78

DISCHARGE DATE

3-13-78

STATEMENT FOR THE ACCOUNT OF:

CRABILL MABEL M

CRABILL MABEL M

1927 E 17TH ST
MUNCIE IN 47302

RESPON-
SIBLE
PARTY

SEX

DATE OF BIRTH

FEMALE 7- 1-99

TOTAL DAYS
BASIC SUPPL.

THE AMOUNT OF INSURANCE COVERAGE
SHOWN ON THIS STATEMENT IS AN
ESTIMATE ONLY. THIS STATEMENT DOES
NOT INCLUDE PROFESSIONAL SERVICES
FOR LABORATORY, X-RAY OR ANESTHESIA.

TOTALS FORWARD IRS NO. 35-0867958 5776.62

DATE	CODE	DESCRIPTION	QUANTITY	REF.	PAYMENTS	CHARGES
2-24-78	24 22 522-23442	CULTURE BLOOD-DEF	1			17.50
2-24-78	24 22 522-23507	CULTURE URINE-DEF	1			11.50
2-24-78	24 22 522-44105	SENSITIVITY M I C	1			15.00
2-25-78	25 11 511-00022	MASKS CATHETERS 1	1			13.00
2-25-78	25 12 512-01573	PHARMACY	20			3.50
2-25-78	25 12 512-04109	PHARMACY	1			3.75
2-25-78	25 12 512-04109	PHARMACY	1			3.75
2-25-78	25 12 512-04111	PHARMACY	20			2.70
2-25-78	25 12 512-04219	PHARMACY	2			2.80
2-25-78	25 13 513-00106	1000CC	1			6.50
2-25-78	25 13 513-00106	1000CC	1			6.50
2-25-78	25 13 513-00106	1000CC	1			6.50
2-25-78	25 13 513-00107	500CC	1			5.50
2-25-78	25 13 513-00346	TELEMETRIC	1			36.00
2-25-78	25 13 513-00511	IRRIGATING NS 500	1			2.05
2-25-78	25 13 513-00512	IRRIGATING DW 500	1			2.00
2-25-78	25 13 513-00552	ROUND NEEDLE CATH.	1			1.50
2-25-78	25 13 513-00554	CATHETER CARE TRAY	1			1.67
2-25-78	25 22 522-44105	SENSITIVITY M I C	1			15.00-
2-26-78	26 11 511-00022	MASKS CATHETERS 1	1			13.00
2-26-78	26 12 512-04103	PHARMACY	20			3.50
2-26-78	26 12 512-04104	PHARMACY	20			5.10
2-26-78	26 12 512-04108	PHARMACY	3			6.45
2-26-78	26 12 512-04109	PHARMACY	1			3.75
2-26-78	26 12 512-04613	PHARMACY	20			1.90
2-26-78	26 12 512-09115	PHARMACY	4			2.10
2-26-78	26 13 513-00106	1000CC	1			6.50
PAGE NO. 9			TOTALS FORWARD			.00 5,945.64

TOTAL CHARGES	MISCELLANEOUS	SUPPLIES	X-RAY	LAB-PATH	DRUGS	NURSERY	ROOM,DIET,NURSING	BLOOD	TOTAL BILL
BASIC BENEFITS									
SUPP. BENEFITS									
PATIENT'S PORTION									

BALL MEMORIAL HOSPITAL

MUNCIE, INDIANA 47303

81

"Your Community Hospital"

PATIENT NUMBER

6589928

BILLING DATE

3-18-78

ADMIT DATE

2-4-78

DISCHARGE DATE

3-13-78

STATEMENT FOR THE ACCOUNT OF:

CRABILL MABEL M.

CRABILL MABEL M

1927 E 17TH ST

MUNCIE IN 47302

RESPON-
SIBLE
PARTY

SEX

DATE OF BIRTH

FEMALE 7-1-99

TOTAL DAYS

BASIC SUPPL.

THE AMOUNT OF INSURANCE COVERAGE SHOWN ON THIS STATEMENT IS AN ESTIMATE ONLY. THIS STATEMENT DOES NOT INCLUDE PROFESSIONAL SERVICES FOR LABORATORY, X-RAY OR ANESTHESIA.

TOTALS FORWARD IRS NO. 35-0867958 5945.64

DATE	CODE	DESCRIPTION	QUANTITY	REF.	PAYMENTS	CHARGES
2-26-78	26 13 513-00106	1000CC	1			6.50
2-26-78	26 13 513-00106	1000CC	1			6.50
2-26-78	26 13 513-00107	500CC	1			5.50
2-26-78	26 13 513-00107	500CC	1			5.50
2-26-78	26 13 513-00346	TELEMETRIC	1			36.00
2-26-78	26 13 513-00509	MICRO DRIP	1			1.50
2-26-78	26 13 513-00554	CATHETER CARE TRAY	2			3.34
2-27-78	27 11 511-00022	MASKS CATHETERS 1	1			13.00
2-27-78	27 12 512-04104	PHARMACY	20			5.10
2-27-78	27 13 513-00106	1000CC	1			6.50
2-27-78	27 13 513-00106	1000CC	1			6.50
2-27-78	27 13 513-00346	TELEMETRIC	1			36.00
2-27-78	27 13 513-00506	DRAINAGE BAG	1			3.60
2-27-78	27 13 513-00552	ROUND NEEDLE CATH.	1			1.50
2-27-78	27 22 524-24309	DIGOXIN	1			26.50
2-27-78	27 22 525-51004	URINALYSIS, COMPLETE	1			7.50
2-27-78	27 22 526-19704	CBC W/INDICES, DIFF	1			9.50
2-27-78	27 22 526-38903	PLATELET COUNT	1			6.50
2-27-78	27 22 532-01180	ELECTROLYTE GROUP 1	1			13.50
2-27-78	27 22 532-01260	PROFILE CHEM 12	1			13.50
2-28-78	28 09 509-00012	EXERCISE	2			10.50
2-28-78	28 09 509-00040	BEDSIDE CHARGE P. T.	1			3.00
2-28-78	28 11 511-00022	MASKS CATHETERS 1	1			13.00
2-28-78	28 11 511-00022	MASKS CATHETERS 1	1			13.00
2-28-78	28 12 512-01540	PHARMACY	7			47.25-
2-28-78	28 12 512-09115	PHARMACY	4			2.10
2-28-78	28 13 513-00106	1000CC	1			6.50
PAGE NO. 10			TOTALS FORWARD		.00	6,160.53

TOTAL CHARGES	MISCELLANEOUS	SUPPLIES	X-RAY	LAB-PATH	DRUGS	NURSERY	ROOM, DIET, NURSING	BLOOD	TOTAL BILL
BASIC BENEFITS									
SUPP. BENEFITS									
PATIENT'S PORTION									

BALL MEMORIAL HOSPITAL

MUNCIE, INDIANA 47303

81

"Your Community Hospital"

PATIENT NUMBER

6589928

BILLING DATE

3-18-78

ADMIT DATE

2-4-78

DISCHARGE DATE

3-13-78

STATEMENT FOR THE ACCOUNT OF:

CRABILL MABEL M

CRABILL MABEL M

1927 E 17TH ST
MUNCIE IN 47302

SEX

DATE OF BIRTH

FEMALE 7-1-99

TOTAL DAYS

BASIC SUPPL.

THE AMOUNT OF INSURANCE COVERAGE SHOWN ON THIS STATEMENT IS AN ESTIMATE ONLY. THIS STATEMENT DOES NOT INCLUDE PROFESSIONAL SERVICES FOR LABORATORY, X-RAY OR ANESTHESIA.

TOTALS FORWARD IRS NO. 35-0867958

6160.53

DATE	CODE	DESCRIPTION	QUANTITY	REF.	PAYMENTS	CHARGES
2-28-78	28 13 513-00106	1000CC	1			6.50
2-28-78	28 13 513-00106	1000CC	1			6.50
2-28-78	28 13 513-00346	TELEMETRIC	1			36.00
2-28-78	28 13 513-00501	LINEN SAVER	1			1.45
2-28-78	28 13 513-00501	LINEN SAVER	1			1.45
2-28-78	28 13 513-00508	INTRA CATH	1			2.05
2-28-78	28 13 513-00508	INTRA CATH	1			2.05
2-28-78	28 22 523-17400	BLOOD UREA NITRO-BUN	1			8.50
2-28-78	28 22 523-23000	CREATININE, SERUM	1			8.50
3-1-78	1 09 509-00012	EXERCISE	2			10.50
3-1-78	1 09 509-00040	BEDSIDE CHARGE P. T.	1			3.00
3-1-78	1 13 513-00106	1000CC	1			6.50
3-1-78	1 13 513-00106	1000CC	1			6.50
3-1-78	1 13 513-00346	TELEMETRIC	1			36.00
3-2-78	2 09 509-00012	EXERCISE	2			10.50
3-2-78	2 09 509-00040	BEDSIDE CHARGE P. T.	1			3.00
3-2-78	2 11 511-00021	MASKS CATHETERS 2/3	1			11.00
3-2-78	2 12 512-01522	PHARMACY	6			36.45
3-2-78	2 12 512-01573	PHARMACY	20			3.50
3-2-78	2 12 512-04111	PHARMACY	20			2.70
3-2-78	2 12 512-09100	PHARMACY	1			2.10
3-2-78	2 12 512-09493	PHARMACY	1			4.50
3-2-78	2 13 513-00106	1000CC	1			6.50
3-2-78	2 13 513-00106	1000CC	1			6.50
3-2-78	2 13 513-00106	1000CC	1			6.50
3-2-78	2 13 513-00106	1000CC	1			6.50
3-2-78	2 13 513-00346	TELEMETRIC	1			36.00
PAGE NO. 11			TOTALS FORWARD		.00	6,431.78

TOTAL CHARGES	MISCELLANEOUS	SUPPLIES	X-RAY	LAB-PATH	DRUGS	NURSERY	ROOM, DIET, NURSING	BLOOD	TOTAL BILL
BASIC BENEFITS									
SUPP. BENEFITS									
PATIENT'S PORTION									

BALL MEMORIAL HOSPITAL

MUNCIE, INDIANA 47303

81

"Your Community Hospital"

PATIENT NUMBER

65899281

BILLING DATE

3-18-78

ADMIT DATE

2-4-78

DISCHARGE DATE

3-13-78

STATEMENT FOR THE ACCOUNT OF:

CRABILL MABEL M.

CRABILL MABEL M.

1927 E 17TH ST
MUNCIE IN 47302

SEX

DATE OF BIRTH

FEMALE 7-1-99

TOTAL DAYS

BASIC SUPPL.

THE AMOUNT OF INSURANCE COVERAGE SHOWN ON THIS STATEMENT IS AN ESTIMATE ONLY. THIS STATEMENT DOES NOT INCLUDE PROFESSIONAL SERVICES FOR LABORATORY, X-RAY OR ANESTHESIA.

TOTALS FORWARD IRS NO. 35-0867958 6431.78

DATE	CODE	DESCRIPTION	QUANTITY	REF.	PAYMENTS	CHARGES
3-2-78	2 13 513-00501	LINEN SAVER	1			1.45
3-3-78	3 09 509-00012	EXERCISE	2			10.50
3-3-78	3 09 509-00040	BEDSIDE CHARGE P. T.	1			3.00
3-3-78	3 13 513-00106	1000CC	1			6.50
3-3-78	3 13 513-00554	CATHETER CARE TRAY	2			3.34
3-4-78	4 09 509-00012	EXERCISE	2			10.50
3-4-78	4 09 509-00040	BEDSIDE CHARGE P. T.	1			3.00
3-4-78	4 12 512-04104	PHARMACY	20			5.10
3-4-78	4 12 512-05572	PHARMACY	1			2.25
3-4-78	4 12 512-07515	PHARMACY	3			1.95
3-4-78	4 13 513-00106	1000CC	1			6.50
3-4-78	4 13 513-00501	LINEN SAVER	1			1.45
3-4-78	4 13 513-00501	LINEN SAVER	1			1.45
3-4-78	4 22 523-17400	BLOOD UREA NITRO-BUN	1			8.50
3-4-78	4 22 523-23000	CREATININE, SERUM	1			8.50
3-4-78	4 22 525-51004	URINALYSIS, COMPLETE	1			7.50
3-5-78	5 12 512-04658	PHARMACY	4			6.70
3-5-78	5 13 513-00106	1000CC	1			6.50
3-5-78	5 13 513-00106	1000CC	1			6.50
3-5-78	5 13 513-00506	DRAINAGE BAG	1			3.60
3-5-78	5 22 523-20109	CHLORIDE SERUM	1			7.50
3-5-78	5 22 523-39900	POTASSIUM, SERUM	1			7.50
3-5-78	5 22 523-45209	SODIUM, SERUM	1			7.50
3-5-78	5 22 524-24309	DIGOXIN	1			26.50
3-6-78	6 12 512-01573	PHARMACY	20			3.50
3-6-78	6 12 512-04111	PHARMACY	20			2.70
3-7-78	7 09 509-00012	EXERCISE	2			10.50
PAGE NO. 12			TOTALS FORWARD		.00	6,602.27

TOTAL CHARGES	MISCELLANEOUS	SUPPLIES	X-RAY	LAB-PATH	DRUGS	NURSERY	ROOM, DIET, NURSING	BLOOD	TOTAL BILL
BASIC BENEFITS									
SUPP. BENEFITS									
PATIENT'S PORTION									

BALL MEMORIAL HOSPITAL

MUNCIE, INDIANA 47303

81

"Your Community Hospital"

PATIENT NUMBER 6589928
BILLING DATE 3-18-78
ADMIT DATE 2-4-78
DISCHARGE DATE 3-13-78

STATEMENT FOR THE ACCOUNT OF:

CRABILL MABEL M

CRABILL MABEL M

1927 E 17TH ST
MUNCIE IN 47302

RESPON-
SIBLE
PARTY

SEX	DATE OF BIRTH
FEMALE	7-1-99

TOTAL DAYS	
BASIC	SUPPL.

THE AMOUNT OF INSURANCE COVERAGE SHOWN ON THIS STATEMENT IS AN ESTIMATE ONLY. THIS STATEMENT DOES NOT INCLUDE PROFESSIONAL SERVICES FOR LABORATORY, X-RAY OR ANESTHESIA.

TOTALS FORWARD IRS NO. 35-0867958 6602.27

DATE	CODE	DESCRIPTION	QUANTITY	REF.	PAYMENTS	CHARGES
3-7-78	7 09 509-00040	BEDSIDE CHARGE P. T.	2			6.00
3-7-78	7 09 509-00045	SPEECH THERAPY	1			10.00
3-7-78	7 13 513-00501	LINEN SAVER	1			1.45
3-8-78	8 09 509-00012	EXERCISE	2			10.50
3-8-78	8 09 509-00040	BEDSIDE CHARGE P. T.	1			3.00
3-8-78	8 12 512-04613	PHARMACY	20			1.90
3-8-78	8 12 512-07515	PHARMACY	3			1.95
3-8-78	8 13 513-00554	CATHETER CARE TRAY	2			3.34
3-9-78	9 09 509-00012	EXERCISE	2			10.50
3-9-78	9 09 509-00040	BEDSIDE CHARGE P. T.	1			3.00
3-9-78	9 12 512-07534	PHARMACY	1			2.35
3-9-78	9 12 512-07534	PHARMACY	1			2.35
3-10-78	10 09 509-00012	EXERCISE	1			7.75
3-10-78	10 09 509-00040	BEDSIDE CHARGE P. T.	1			3.00
3-10-78	10 13 513-00501	LINEN SAVER	1			1.45
3-10-78	10 13 513-00554	CATHETER CARE TRAY	2			3.34
3-10-78	10 13 513-00900	CENTRAL SUPPLY	1			.50
3-11-78	11 09 509-00012	EXERCISE	2			10.50
3-11-78	11 09 509-00040	BEDSIDE CHARGE P. T.	1			3.00
3-11-78	11 12 512-04104	PHARMACY	20			5.10
3-11-78	11 12 512-04111	PHARMACY	20			2.70
3-12-78	12 12 512-01573	PHARMACY	20			3.50
3-12-78	12 12 512-04104	PHARMACY	20			5.10
3-12-78	12 12 512-07515	PHARMACY	3			1.95
3-12-78	12 12 512-07534	PHARMACY	1			2.35
3-12-78	12 13 513-00554	CATHETER CARE TRAY	2			3.34
3-13-78	13 12 512-04102	PHARMACY	5			1.60
PAGE NO. 13			TOTALS FORWARD		.00	6,713.79

TOTAL CHARGES	MISCELLANEOUS	SUPPLIES	X-RAY	LAB-PATH	DRUGS	NURSERY	ROOM,DIET,NURSING	BLOOD	TOTAL BILL
BASIC BENEFITS									
SUPP. BENEFITS									
PATIENT'S PORTION									

BALL MEMORIAL HOSPITAL

MUNCIE, INDIANA 47303

81

"Your Community Hospital"

PATIENT NUMBER 6589928
BILLING DATE 3-18-78
ADMIT DATE 2-4-78
DISCHARGE DATE 3-13-78

STATEMENT FOR THE ACCOUNT OF:

CRABILL MABEL M

CRABILL MABEL M

1927 E 17TH ST

MUNCIE IN 47302

RESPON-
SIBLE
PARTY

SEX	DATE OF BIRTH
FEMALE	7- 1-99

TOTAL DAYS	
BASIC	SUPPL.

THE AMOUNT OF INSURANCE COVERAGE SHOWN ON THIS STATEMENT IS AN ESTIMATE ONLY. THIS STATEMENT DOES NOT INCLUDE PROFESSIONAL SERVICES FOR LABORATORY, X-RAY OR ANESTHESIA.

TOTALS FORWARD IRS NO. 35-0847958 6713.79

DATE	CODE	DESCRIPTION	QUANTITY	REF.	PAYMENTS	CHARGES
3-13-78	13 13 513-00554	CATHETER CARE TRAY	2			3.34
3-13-78	13 22 526-19704	CBC W/INDICES, DIFF	1			9.50
3-13-78	13 22 526-38903	PLATELET COUNT	1			6.50
3-14-78	14 09 509-00012	EXERCISE	2			10.50
3-14-78	14 09 509-00040	BEDSIDE CHARGE P. T.	1			3.00
3-14-78	14 13 513-00304	ASPIRATOR COMPL	1			4.00
3-14-78	14 13 513-00554	CATHETER CARE TRAY	1			1.67-
3-14-78	14 13 513-00795	SUCTION CATH W/GLOV	1			8.00
3-14-78	14 22 525-51004	URINALYSIS, COMPLETE	1			7.50

PAGE NO. 14

TOTALS FORWARD .00 6,764.46



TOTAL CHARGES	MISCELLANEOUS	SUPPLIES	X-RAY	LAB-PATH	DRUGS	NURSERY	ROOM, DIET, NURSING	BLOOD	TOTAL BILL
BASIC BENEFITS									
SUPP. BENEFITS									
PATIENT'S PORTION									



TELEPHONE
INSURANCE — 747-3203
CREDIT — 747-3223

BALL MEMORIAL HOSPITAL 2401 UNIVERSITY AVE.
MUNCIE, INDIANA 47303

BILL
TO

MABEL M CRABILL
1927 E 17TH ST
MUNCIE IN 47302

PATIENT CRABILL MABEL M
ACCOUNT NO. 6589928
DATE 3-23-78

YOUR ACCOUNT IS NOW DUE AND PAYABLE.
* PLEASE REMIT TODAY *

PLEASE DETACH HERE AND RETURN WITH YOUR REMITTANCE FOR PROPER CREDIT:

PATIENT	CRABILL	MABEL M	ACCOUNT NO.	6589928	PREVIOUS BALANCE
DATE DISCHARGED					▼

3-13-78 1 2 1

DATE OF SERVICE	DESCRIPTION	CHARGES	CREDITS	BALANCE
3-13-78	HOSPITAL SERVICES	6,764.46	.00	6,764.46



ESTIMATED INSURANCE COVERAGE	TOTAL CHARGES	TOTAL CREDITS	NEW BALANCE
MEDICARE A EQUITABLE	6,764.46	.00	6,764.46
6,586.46 144.00	MINIMUM PAYMENT DUE ►		34.00

FINANCE CHARGE is computed by a periodic rate of $\frac{3}{4}$ % per month (or a minimum charge of 50 cents) which is an ANNUAL PERCENTAGE RATE of 9% applied to the Previous Balance after deducting current payments and/or credits appearing on this statement. To avoid additional FINANCE CHARGES, pay the New Balance before the close of business on the last day of this month. See reverse side for important information.

TERMS: Payment is due in full when service is rendered. Please call the credit office if any question concerning this account.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE / SOCIAL SECURITY ADMINISTRATION

**MEDICARE HOSPITAL, EXTENDED CARE AND HOME HEALTH
BENEFITS RECORD**

J59981028117A890 150089


DATE: 04/28/78

MABEL M CRABILL
1927 E 17 ST
MUNCIE IN

47302

HEALTH INSURANCE CLAIM NUMBER

308-32-6646 A


 Always use this number
when writing about your claim.

THIS IS NOT A BILL. This notice is to give you a record of the Medicare benefits you used during the period shown in Item 1. For important additional information please see the other side of this form.

1 OUR RECORDS SHOW THAT YOU RECEIVED THESE SERVICES

Type of Services	Services Were Provided By	Date
INPATIENT HOSPITAL	BALL MEM HOSP 2401 UNIVERSITY AVE MUNCIE INDIANA 47303	02/04/78 THRU 03/03/78

2 MEDICARE HAS PAID FOR ALL COVERED SERVICES EXCEPT

\$144.00 FOR THE INPATIENT DEDUCTIBLE.

THIS IS NOT A BILL

IF YOU HAVE ANY QUESTIONS
ABOUT THIS RECORD
PLEASE GET IN TOUCH WITH:

MUTUAL HOSPITAL INSURANCE INC
120 W MARKET STREET
INDIANAPOLIS INDIANA

46204

3 OUR RECORDS SHOW THE FOLLOWING BENEFITS WERE USED THIS TIME

Inpatient Hospital Days	Lifetime Reserve Days	Extended Care Days	Home Health Visits Hospital Insurance	Home Health Visits Medical Insurance
28				



TELEPHONE
INSURANCE — 747-3203
CREDIT — 747-3223

BALL MEMORIAL HOSPITAL 2401 UNIVERSITY AVE.
MUNCIE, INDIANA 47303

BILL
TO

MABEL M CRABILL
RR 2 BOX 498 B
YORKTOWN IN 47396

LAST STMT. DATE 8-21-78
LAST STMT. NUMBER 02

CRABILL MABEL M
PATIENT 6589928
ACCOUNT No 22-78
DATE

PLEASE DETACH HERE AND RETURN WITH YOUR REMITTANCE FOR PROPER CREDIT:

PATIENT CRABILL MABEL M ACCOUNT NO. 6589928

PREVIOUS
BALANCE

DATE DISCHARGED

3-13-78 1 2 8

DATE OF SERVICE	DESCRIPTION	CHARGES	CREDITS	BALANCE
3-13-78	HOSPITAL SERVICES	6,764.46	.00	6,764.46
3-27-78	PATIENT PAYMENT		9.00CR	6,755.46
4-18-78	MEDICARE A 112971		5,504.57CR	1,250.89
6-28-78	MEDICARE A 21638		1,081.89CR	169.00
6-29-78	PROFESSIONAL		20.00CR	149.00
8- 1-78	FINANCE CHARGE	1.12		150.12
8-21-78	EQUITABLE		149.00CR	1.12
8-22-78	CREDIT FINANCE CHG.	1.12CR		.00

ESTIMATED INSURANCE COVERAGE

TOTAL CHARGES

TOTAL CREDITS

NEW BALANCE

.00

.00

MINIMUM PAYMENT DUE ►

.00

FINANCE CHARGE is computed by a periodic rate of $\frac{3}{4}$ % per month (or a minimum charge of 50 cents) which is an ANNUAL PERCENTAGE RATE of 9% applied to the Previous Balance after deducting current payments and/or credits appearing on this statement. To avoid additional FINANCE CHARGES, pay the New Balance before the close of business on the last day of this month. See reverse side for important information.

TERMS: Payment is due in full when service is rendered. Please call the credit office if any question concerning this account.