

**MUNCIE CLINIC**420 W. WASHINGTON
PHONE 284-4491

DATE

3-27-78**B 59445**

NAME <i>Mabel Crabill</i>	TYPE	ACCOUNT NO.	
STREET <i>1927 E. 17th St.</i>		<i>15945416</i>	
CITY <i>Muncie</i>	STATE <i>In</i>	ZIP <i>47302</i>	
CODE	DESCRIPTION	PHY NO.	AMOUNT
9989600	NON CASH DR ADJ	(13)	
9989700	SPECIAL HANDLING	()	
9989800	RETURNED CHECK	(13)	

RECEIPT FOR PAYMENT

INS CO <i>Galler C. Robbins</i>	PAYMENT	
CK # <i>40</i>	DATE <i>3-27-78</i>	<i>11.43</i>

A 11.43..☒ DESKMAIL ☐☒ PERSINS ☐

PAYMENT REC'D AS REGISTERED IN THIS COLUMN

**MUNCIE CLINIC**420 W. WASHINGTON
PHONE 284-4491

DATE

4-10-78**B 60425**

NAME <i>Mabel Crabill</i>	TYPE	ACCOUNT NO.	
STREET <i>1927 E 17th St</i>		<i>15945416</i>	
CITY <i>Muncie</i>	STATE	ZIP	
CODE	DESCRIPTION	PHY NO.	AMOUNT
9989600	NON CASH DR ADJ	(13)	
9989700	SPECIAL HANDLING	()	
9989800	RETURNED CHECK	(13)	

RECEIPT FOR PAYMENT

INS CO	PAYMENT	
CK # <i>1</i>	DATE	<i>479.17</i>

L 479.17..☒ DESKMAIL ☐☒ PERSINS ☐

PAYMENT REC'D AS REGISTERED IN THIS COLUMN

EXPLANATION OF MEDICARE BENEFITS

SEE
REVERSE

THIS IS A STATEMENT OF ACTION TAKEN ON YOUR MEDICARE CLAIM

SERVICES WERE PROVIDED BY NAME / NUMBER	CONTROL NO.	PROCEDURE CODE	NO. OF SERVICES	PLACE DATE OF SERVICE	TIME OF SERVICE	SERVICE DATES		CHARGES		DEDUC TIBLE	NET PAY
						FROM	TO	AMOUNT BILLED	AMOUNT APPROVED		
MUNCIE CLINIC 202520 SEE 5-A ON BACK	01781163700007001		0103	1		20478	20478	3077	2790		
MUNCIE CLINIC 202520 SEE 5-A ON BACK		7002	2503	1		20578	22878	28575	24750		
MUNCIE CLINIC 202520 THIS SERVICE IS NOT PAYABLE BY MEDICARE.		0493	0003			20678	20678	1143	00		
MUNCIE CLINIC 202520 SEE 5-A ON BACK		7002	1303	1		30178	31478	13716	12870		
MUNCIE CLINIC 202520 SEE 5-A ON BACK		7002	0103	1		31478	31478	2549	990		
TOTAL FOR THE ABOVE CLAIM								49060	41400	00	33120

THIS IS NOT A BILL

HEALTH INSURANCE CLAIM NUMBER 308326646A		PATIENT'S NAME CRABILL MABEL		CLAIMS TOTALS 49060 41400	
DATE 05 03 78	CLAIMS INCLUDED IN THIS FORM 01	STATEMENT NO. 201335147		AMOUNT PAYABLE AT 80% AFTER THE ANNUAL DEDUCTIBLE 41400	
YOU HAVE NOW MET \$ 60.00 OF THE ANNUAL 60.00 DEDUCTIBLE FOR 1978				AMOUNT APPLIED TOWARD ANNUAL DEDUCTIBLE 00	
				BALANCE PAYABLE AT 80% 41400 33120 80% OF BAL	
MEDICARE PART B MUTUAL MEDICAL INSURANCE, INC. 120 W. MARKET STREET INDIANAPOLIS, IND. 46204 TELEPHONE 317-634-4141				INPATIENT RADIOLOGY & PATHOLOGY PHYSICIAN'S CHARGES AND CERTAIN LABORATORIES PAID IN FULL 00 33120	

KEEP THIS NOTICE FOR YOUR RECORDS

TOTAL
MEDICARE PAYMENT

STATEMENT

RADIOLOGY ASSOCIATES OF MUNCIE, INC.

FOR PHYSICIAN SERVICES ONLY

TELEPHONE
317/282-0366DONALD R. TAYLOR, M.D.
CARLSON R. SPECK, M.D.
EDWIN F. KOCH, JR., M.D.
BARBARA E. WORKMAN, M.D.
CHARLES J. LEIPHART, M.D.TAX NUMBER
35-1389240

1533 NORTH WALNUT STREET • P.O. BOX 1270 • MUNCIE, INDIANA 47305

PAID
MAR 28 1978**RADIOLOGY ASSOCIATES
OF MUNCIE**

PRACTICE LIMITED TO RADIOLOGY WITH EXAMINATION DONE AT BALL MEMORIAL HOSPITAL AT MUNCIE, INDIANA.

THIS BILL COVERS ONLY PROFESSIONAL SERVICES RENDERED. A SEPARATE CHARGE MAY BE MADE BY THE HOSPITAL FOR USE OF ITS FACILITIES.

REASON FOR SERVICE

PATIENT'S NAME

- ☐ ACCIDENT: DATE _____
- ☐ ROUTINE CHECKUP
- ☐ PREGNANCY
- ☐ ILLNESS: DIAGNOSIS _____
- ☐ WORK RELATED

PROFESSIONAL SERVICE
PERFORMED IN HOSPITAL
IN PATIENT OUT PATIENT

SENT FOR X-RAYS BY: (78)

CODE NO.	PROFESSIONAL SERVICES RENDERED — DESCRIPTION OF X-RAY EXAMINATION	DATE OF SERVICE	CHARGE
71020	Chest	2-17-78	8.00
71020	Temp. pacemaker	2-13-78	8.00
			15.00

IF A RECEIPTED BILL IS NEEDED FOR YOUR INSURANCE, PLEASE RETURN THIS COMPLETE STATEMENT WITH YOUR PAYMENT AND PLACE A CHECK-MARK IN THIS BOX.

☐THIS ACCOUNT
IS THE
RESPONSIBILITY
OF THE
PARTY ADDRESSED

SEE IMPORTANT INFORMATION ON REVERSE SIDE *

— MAKE CHECK PAYABLE TO AND SEND TO —
RADIOLOGY ASSOCIATES OF MUNCIE, INC.
P.O. BOX 1270 MUNCIE, INDIANA 47305

REMIT TO

REMIT TO

BRANAM, JAY, WILLMAN & TRIPLETT
BUSINESS OFFICE
325 SOUTH CELIA AVENUE
MUNCIE, INDIANA 47303
289-0456

Date _____

4-20

19

78

2412

Received From

Date 7 20 19 70
Mr. Walter Bobbins

Address

Dollars \$ 117.50

For

10589928 - Mabel

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT	117	50	CASH		
AMT. PAID	117	50	CHECK	117	50
BALANCE DUE	—		MONEY ORDER		

By

99

08-0808N

BUSINESS OFFICE

Diplomates
American Board of Pathology

George E. Branam, M.D.	Joe I. Willman, M.D.
Arthur C. Jay, M.D.	Douglas A. Triplett, M.D.
Charles E. Geckler, M.D.	

PROFESSIONAL CORPORATION

PHONE 289-0456

325 S. CELIA
MUNCIE, INDIANA 47303

ACCT NUMBER	ACCOUNT NAME	ADMIT DATE	DISCHARGE DATE	STATEMENT DATE
6589928	CRABILL, MABEL		03-13-78	04-07-78

IF PAYMENT HAS BEEN MADE AFTER
THIS DATE, PLEASE DISREGARD.

MABEL CRABILL
1927 E 17TH ST
MUNCIE, IN.

MAKE CHECKS PAYABLE TO "BRANAM, JAY, WILLMAN and TRIPLETT"

PLEASE DETACH THIS PORTION OF STATEMENT AND RETURN WITH
YOUR REMITTANCE, RETAIN LOWER PORTION FOR YOUR RECORDS.

AMOUNT REMITTED \$

THE PATHOLOGY SERVICES SHOWN BELOW WERE ORDERED BY AND RESULTS REPORTED TO YOUR PHYSICIAN.

[illegible]

0 PROMPT PAYMENT WILL ENABLE US TO SERVE YOU EFFECTIVELY.

SEE REVERSE SIDE FOR MORE INFORMATION CONCERNING THIS STATEMENT.

PLEASE
PAY THIS
AMOUNT

117.50

EXPLANATION OF MEDICARE BENEFITS

THIS IS A STATEMENT OF ACTION TAKEN ON YOUR MEDICARE CLAIM

SERVICES WERE PROVIDED BY NAME / NUMBER	CONTROL NO.	PROCEDURE CODE	NO. OF SERVICES	PLACE OF SERVICE	TYPE OF SERVICE	SERVICE DATES		CHARGES		DEDUC TIBLE	NET PAY
						FROM	TO	AMOUNT BILLED	AMOUNT APPROVED		
						MO DAY YR	MO DAY YR				
BRANAM JAY WI 203790	0178090459302	0770	0503	5	20578	22778		1250	1250		
BRANAM JAY WI 203790	SEE 5-A ON BACK	0675	0103	5	20678	20678		150	100		
BRANAM JAY WI 203790	SEE 5-A ON BACK	0704	0203	5	20678	22778		700	600		
BRANAM JAY WI 203790	SEE 5-A ON BACK	0753	0303	5	20678	22778		900	750		
BRANAM JAY WI 203790	SEE 5-A ON BACK	0719	0303	5	20678	22778		1500	1500		
BRANAM JAY WI 203790	SEE 5-A ON BACK	0934	0303	5	20678	22778		450	300		
BRANAM JAY WI 203790	SEE 5-A ON BACK	0747	0203	5	21878	21878		300	200		
BRANAM JAY WI 203790	SEE 5-A ON BACK	0979	0303	5	21878	22478		450	450		
BRANAM JAY WI 203790	SEE 5-A ON BACK	0617	0103	5	21878	21878		650	650		
BRANAM JAY WI 203790	SEE 5-A ON BACK	0967	0203	5	21878	21878		500	400		
BRANAM JAY WI 203790	SEE 5-A ON BACK	0955	0303	5	21878	21878		1200	1050		
BRANAM JAY WI 203790	SEE 5-A ON BACK	0777	0203	5	21878	22478		500	500		
BRANAM JAY WI 203790	SEE 5-A ON BACK	0967	0103	5	22478	22478		250	200		
TOTAL FOR THE ABOVE CLAIM								8800	7950	00	7950
THIS CLAIM SPLIT FROM CLAIM 0178090459300 TO FACILITATE PROCESSING.											

THIS IS NOT A BILL

HEALTH INSURANCE CLAIM NUMBER 308326646A	PATIENT'S NAME CRABILL MABEL M	8800	7950	CLAIMS TOTALS
DATE 05-02-78	STATEMENT NO. 201330790			

YOU HAVE NOW MET \$ OF THE ANNUAL \$ DEDUCTIBLE FOR

AMOUNT PAYABLE AT 80%
AFTER THE ANNUAL DEDUCTIBLE

AMOUNT APPLIED TOWARD
ANNUAL DEDUCTIBLE

BALANCE
PAYABLE AT 80%

INPATIENT RADIOLOGY &
PATHOLOGY PHYSICIAN'S
CHARGES AND CERTAIN
LABORATORIES PAID IN FULL

80% OF
BAL

TOTAL
MEDICARE PAYMENT

KEEP THIS NOTICE FOR YOUR RECORDS

MEDICARE PART B
MUTUAL MEDICAL INSURANCE, INC.
120 W. MARKET STREET
INDIANAPOLIS, IND. 46204
TELEPHONE 317-634-4141

EXPLANATION OF MEDICARE BENEFITS

THIS IS A STATEMENT OF ACTION TAKEN ON YOUR MEDICARE CLAIM

SERVICES WERE PROVIDED BY NAME / NUMBER	CONTROL NO.	PROCEDURE CODE	NO. OF SERVICES	PLACE OF SERVICE	SEE REVERSE	SERVICE DATES		CHARGES		DEDUC TIBLE	NET PAY
						FROM	TO	AMOUNT BILLED	AMOUNT APPROVED		
						MO DAY YR	MO DAY YR				
BRANAM JAY WI 203790	01780904593000996	0617	0203	5	22478	22478	500	400			
BRANAM JAY WI 203790	SEE 5-A ON BACK	0617	0103	5	22778	22778	250	250			
BRANAM JAY WI 203790	SEE 5-A ON BACK	0664	0103	5	22878	22878	150	100			
BRANAM JAY WI 203790	SEE 5-A ON BACK	0744	0103	5	22878	22878	150	100			
BRANAM JAY WI 203790	SEE 5-A ON BACK	0664	0103	5	30478	30478	150	100			
BRANAM JAY WI 203790	SEE 5-A ON BACK	0934	0203	5	30478	31478	300	200			
BRANAM JAY WI 203790	SEE 5-A ON BACK	0744	0103	5	30478	30478	150	100			
BRANAM JAY WI 203790	SEE 5-A ON BACK	0617	0103	5	30578	30578	250	250			
BRANAM JAY WI 203790	SEE 5-A ON BACK	0706	0103	5	30578	30578	150	100			
BRANAM JAY WI 203790	SEE 5-A ON BACK	0650	0103	5	30578	30578	100	100			
BRANAM JAY WI 203790	SEE 5-A ON BACK	0724	0103	5	30578	30578	150	100			
BRANAM JAY WI 203790	SEE 5-A ON BACK	0753	0103	5	31378	31378	300	250			
BRANAM JAY WI 203790	SEE 5-A ON BACK	0704	0103	5	31378	31378	350	300			
TOTAL FOR THE ABOVE CLAIM							2950	2350	00	2350	

THIS IS NOT A BILL

HEALTH INSURANCE CLAIM NUMBER 308326646A	PATIENT'S NAME CRABILL MABEL M	2950	2350	CLAIMS TOTALS
DATE 05/02/78	STATEMENT NO. 201330789	AMOUNT PAYABLE AT 80% AFTER THE ANNUAL DEDUCTIBLE	00	
YOU HAVE NOW MET \$	OF THE ANNUAL \$	AMOUNT APPLIED TOWARD ANNUAL DEDUCTIBLE	00	
	DEDUCTIBLE FOR	BALANCE PAYABLE AT 80%	00	00 80% OF BAL
MEDICARE PART B MUTUAL MEDICAL INSURANCE, INC. 120 W. MARKET STREET INDIANAPOLIS, IND. 46204 TELEPHONE 317-634-4141		INPATIENT RADIOLOGY & PATHOLOGY PHYSICIAN'S CHARGES AND CERTAIN LABORATORIES PAID IN FULL	2350	2350

KEEP THIS NOTICE FOR YOUR RECORDS

TOTAL
MEDICARE PAYMENT

WALTER ROBBINS FOR
MABEL CRABILL
R 2
YORKTOWN IN 47396

SEE
REVERSE

511-017 (3-77)

WAYNE GRAY, M.D.INTERNAL MEDICINE AND CARDIOLOGY
4013 WEST JACKSON - MUNCIE, INDIANA 47304ESTATE OF MABEL M. CRABILL
1927 EAST 17TH STREET
MUNCIE, IDNIANA 47302

AMOUNT PAID

\$ _____

PLEASE DETACH AND RETURN THIS PORTION OF STATEMENT WITH YOUR REMITTANCE

DATE	PROFESSIONAL SERVICES	CHARGES	CREDITS	BALANCE
5\5\78				397.00*
5\5\78	MEDICARE		228.00	169.00*

WAYNE GRAY, M.D.

MUNCIE, INDIANA 47304

WALTER ROBBINS FOR
MABEL CRABILL
R. 2
YORKTOWN IN 47396

IMPORTANT:
INFORMATION ONLY. ANY PAYMENTS DUE WERE SENT DIRECTLY TO THE PHYSICIAN-SUPPLIER.

THIS IS A STATEMENT OF ACTION TAKEN ON YOUR MEDICARE CLAIM

HEALTH INSURANCE CLAIM NUMBER 308326646A		PATIENT'S NAME CRABILL MABEL	
DATE 04 27 78		STATEMENT NO. 301620172	
CLAIMS INCLUDED IN THIS STATEMENT			

	39700	34500	CLAIMS TOTALS
AMOUNT PAYABLE AT 80% AFTER THE ANNUAL DEDUCTIBLE		34500	
AMOUNT APPLIED TOWARD ANNUAL DEDUCTIBLE	6000		
BALANCE PAYABLE AT 80%	28500	22800	80% OF BAL
INPATIENT RADIOLOGY & PATHOLOGY PHYSICIAN'S CHARGES AND CERTAIN LABORATORIES PAID IN FULL		00	
		22800	

TOTAL
MEDICARE PAYMENT

THE **E**QUITABLE LIFE ASSURANCE SOCIETY OF THE UNITED STATES

EXPLANATION OF BENEFITS PROVIDED BY YOUR GROUP HEALTH BENEFITS PLAN

NUMBER	NAME	LOCATION
72973	WARNER GEAR DIV	MUNCIE, IN

NAME	ID NUMBER	DEPENDENT'S NAME	RELATIONSHIP	CLAIM BR. NO.	ELAS	DATE
CRABILL, W A		MABEL	SPOUSE	0070	525	AUG 18 1978

TYPE OF EXPENSE OR NAME OF PROVIDER	PERIOD		CHARGES	AT 100%	BENEFITS	SEE BELOW
	FROM	THROUGH				
W GRAY MD	02/17	02/17	225.00		225.00	
W GRAY MD	02/17	02/18	172.00		172.00	
RADIOLOGY ASSOC	02/17	02/18	16.00		16.00	
G E BRANAM MD	02/05	03/13	<u>117.50</u>		<u>117.50</u>	
TOTAL CHARGES			530.50		530.50	
BENEFIT					530.50	
MEDICARE ADJUSTMENT					<u>-346.00</u>	
NET BENEFIT					184.50	

W A CRABILL
RR2
YORKTOWN, IN 47396

NO.
3832884
3832885

AMOUNT	PAYEE
15.50	WALTER ROBBINS, ADM
169.00	W GRAY

THE **E**QUITABLE LIFE ASSURANCE SOCIETY OF THE UNITED STATES

EXPLANATION OF BENEFITS PROVIDED BY YOUR GROUP HEALTH BENEFITS PLAN

NUMBER	NAME	LOCATION
72973	WARNER GEAR DIV	MUNCIE, IN

NAME	ID NUMBER	DEPENDENT'S NAME	RELATIONSHIP	CLAIM BR. NO.	ELAS	DATE
CRABILL, W A		MABEL	SPOUSE	0070	525	AUG 18 1978

TYPE OF EXPENSE OR NAME OF PROVIDER	PERIOD		CHARGES	AT 100%	BENEFITS	SEE BELOW
	FROM	THROUGH				
SEMI-PRIVATE ROOM	02/04-03/13		2752.00		2752.00	
SPECIAL CARE			1255.00		1255.00	
HOSPITAL ADDITIONALS			2748.46		2748.46	
MUNCIE CLINIC INC	02/04-03/14		<u>490.60</u>		<u>490.60</u>	
TOTAL CHARGES			7246.06		7246.06	
BENEFIT					7246.06	
MEDICARE ADJUSTMENT					<u>-6937.66</u>	
NET BENEFIT					308.40	

W A CRABILL
RR2
YORKTOWN. IN 47396

NO.	AMOUNT	PAYEE
3832882	159.40	W A CRABILL
3832883	149.00	BALL MEM HOSP

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

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

M77881728184A605 150089

DATE: **SEP 07 1978**

THE ESTATE OF
MABEL M CRABILL
1927 E 17 ST
MUNCIE IN

47302

HEALTH INSURANCE CLAIM NUMBER

308-32-6646A

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	03/04/78 THRU 03/13/78

2 MEDICARE HAS PAID FOR ALL COVERED SERVICES EXCEPT

NO EXCEPTIONS.

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

462 04

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
9				