FAIRBANKS MEDICAL & SURGICAL CLINIC, INC.

FOUNDED IN 1932

522 FIFTH AVENUE P.O. BOX 1330 FAIRBANKS, ALASKA 99707 907-452-1761

February 23, 1973

Mr. Robert Lesher
Administrative Officer
Department of Administration
Pouch C
Juneau, Alaska

Re: Helen Callahan

Dear Mr. Lesher:

Mrs. Stella Muckenthaler, manager of the Pioneers' Home, has suggested that we write to you in reference to the unpaid bills for Helen Callahan. These bills date back to February 17, 1968.

As we explained in earlier correspondence to Mrs. Muckenthaler, Mrs. Callahan did not have coverage under the Medicare Program for services she received in 1968. This was verified to us by communication from Medicare, dated April 8, 1969, wherein they state: "Expenses were incurred after September, 1966, the date your coverage terminated due to non-payment of premium." A copy of this communication is attached.

The billings for 1970 services (December 7, 1970) were submitted first to Medicare on February 15, 1971, and no response was made. These charges were resubmitted on July 2, 1971, and on July 9, 1971, we received a communication from Medicare indicating that these were duplicates of charges previously submitted. It, therefore, is apparent that the original claim was received by them. Inasmuch as we agreed to accept the assignment and did not receive payment, we can only assume that payment was not made on the basis that the $50.00 deductible required was not met. These charges totalled only $47.60.

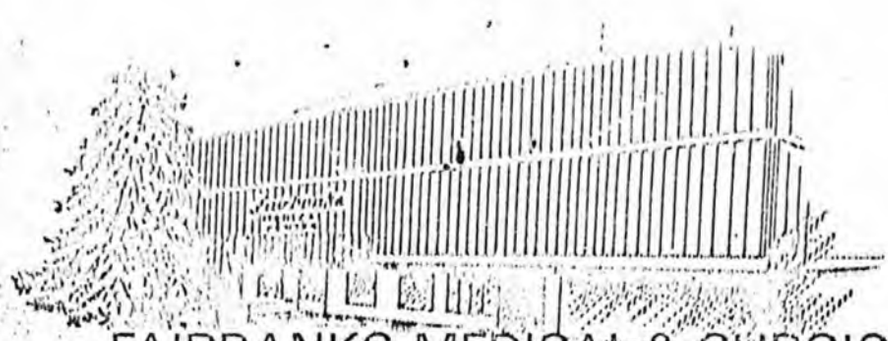
We will appreciate an early review of the charges due and an equitable settlement. Copies of the billings are enclosed.

Very truly yours,

P. Mayr

P. Mayr
Credit Manager

PM:ch
Enclosures: As stated



FAIRBANKS MEDICAL & SURGICAL CLINIC

FOUNDED IN 1932
522 FIFTH AVENUE P.O. BOX 1330 FAIRBANKS, ALASKA 99701 452-2127

IN ACCOUNT WITH: Helen Callahan ACCOUNT NO. 4-130825 OCT. 20, 19

Date	Doctor	Service	Charge	Credit	Balance
2/17/68	Kinn	Office Visit	8.50		
3/8/68	Kinn	Office Visit	8.50		
3/15/68	Kinn	Lab - UA	5.50		
		Lab - CBC	10.50		
		Lab - FBS	10.50		
		Lab - BUN	10.50		
3/16/68	Straatsma	Office Visit	8.50		
		EKG	20.00		
		Lab - SGO-T	13.50		
4/18/68	Kinn	Hospital Surgery	640.00		
		Hospital Surgery	300.00		
	Straatsma	Hospital Visits	70.00		
	Straatsma	Hospital Consultation	35.00		
4/28/68	Kinn	Office Visit	30.00		
4/28/68		Payment		30.00	
6/17/68	Butler	Office Visit	25.00		
6/17/68		Payment		25.00	
7/3/68	Kinn	Office Visit	8.00		
12/31/68	Hanek	Lab	6.40		
2/25/70		Lab	9.60		
3/13/70		Payment		6.40	
3/18/70		Payment		9.60	
12/7/70	Lindig	Office Visit	20.00		
		X-ray, knee	25.60		
		Supplies & Material	2.00		$1196.

1196.60

Finance Charges 7/18/70 thru 9/20/72: $280.56

MEDICARE FILED JUNE, 1968

OCTOBER, 1968, PIONEERS HOME RECEIVED LETTER FROM MEDICARE STATING THAT PATIENT'S COVERAGE HAD TERMINATED in 1966 DUE TO NON-PAYMENT OF PREMIUM.

Aetna
LIFE & CASUALTY

NOTIFICATION OF CLAIM DETERMINATION

MEDICARE

Beneficiary H. CALLAHAN

HIC Number 574-22-2164 T

Date 4-8-69

HELEN CALLAHAN
PIONEER HOME, AIRPORT WAY
FAIRBANKS ALASKA 99701

We are unable to make payment on the attached bill(s) because:

☐ Expenses were incurred prior to _____, your effective date of coverage.

☒ Expenses were incurred after SEPT 1968, the date your coverage terminated due to non-payment of premium.

☐ The Social Security Administration has advised us that you are not enrolled under the Supplementary Medical Insurance Plan.

☐ The Social Security Administration has advised us that they have no record of coverage for you by the Name and Claim Number you submitted to us. Please check these items carefully.

Charlotte Thomas at Pioneer's Home

☐ _____

_____

_____

_____

If you have any questions regarding the action taken on this claim, please contact your nearest Social Security Office.

Ætna Life & Casualty
Medicare Claim Administration
Yeon Building
522 S. W. 5th Avenue
Portland, Oregon 97204
Telephone No. 222-6831

WM F. KINN, M.D.
BOX 1330
FAIRBANKS ALASKA 99701

(MR-69238-3)

CAT. 15251A

Ætna LIFE & CASUALTY

NOTIFICATION OF CLAIM DETERMINATION

MEDICARE

Beneficiary H. Callahan

HIC Number 574 22 2764 11

Date 7/9/71

Helen Callahan
2221 Eagan
Fairbanks, AK.

We are unable to make payment on the attached bill(s) because:

- ☐ The plan excludes Orthopedic shoes, except when used as an integral part of a leg brace, and other supportive devices of the feet.
- ☐ The plan excludes services and supplies in connection with the care, treatment, filling, removal or replacement of teeth.
- ☐ The plan excludes the services of a Private Duty Nurse.
- ☐ The plan excludes purchase of supplies not directly administered and charged by the physician.
- ☐ The time limit on filing claims for these charges has expired. Please refer to "Your Medicare Handbook".
- ☐ The plan excludes treatment for flat foot conditions, subluxations of the foot (structural misalignments) and routine foot care which includes removal of corns, warts or callouses, the trimming of nails and routine hygienic care.
- ☒ [illegible handwriting] previously submitted

If you have any questions regarding the action taken on this claim, please contact Ætna Life & Casualty, Medicare Claim Administration, Yeon Building, 522 S. W. 5th Avenue, Portland, Oregon 97204, Telephone No. 222-6831.

E Lundig, Jr., MD
Box 1330
Fairbanks, AK 99707

(MR-69237-3)

PHYSICIAN OR SUPPLIER

CAT. [illegible]

(Type or Print all Information)

LIFE & CASUALTY

MEDICARE CLAIM ADMINISTRATION
300 YEON BUILDING
PORTLAND, OREGON 97204
222-6831

Copy from your HEALTH INSURANCE CARD

NAME OF BENEFICIARY (Patient): CALLAHAN, HELEN

CLAIM NUMBER: 574-22-2764J1

☐ MALE ☒ FEM

PART I—CLAIMS INFORMATION—TO BE COMPLETED BY PATIENT.

1. Describe the illness or injury for which you received treatment. *(You do not need to complete this item if your doctor complete Part II below)*

2. Was your illness or injury connected with your employment? ☐ YES ☐ NO

3. Are you attaching itemized receipted bills? ☐ YES ☐ NO

4. ASSIGNMENT: Do you want payment for an unpaid bill made directly to the physician or supplier? ☐ YES ☐ NO

AUTHORIZATION: I authorize release of any information required to act on this claim and permit a photographic or other facsimile reproduction of this authorization to be used in place of the original.

REQUEST FOR PAYMENT: I am requesting payment either to myself or to the party accepting my assignment for the medical insurance benefit, if any, payable for the reasonable charges for services or supplies described. Where payment is assigned, I understand I am responsible for the deductible and 20% of the remaining reasonable charges.

5. SIGNATURE *(Patient or authorized representative)* | DATE SIGNED

6. ADDRESS *(Street address, City, State, ZIP Code)* | TELEPHONE NUMBER

PART II—REPORT OF SERVICES—TO BE COMPLETED BY PHYSICIAN— This Part, Including Physician's Signature Need Not Be Completed If Paid, Itemized Bills Are Submitted.

7. A. DATE OF EACH SERVICE	B. PLACE OF SERVICE¹	C. FULLY DESCRIBE SURGICAL OR MEDICAL PROCEDURES AND OTHER SERVICES OR SUPPLIES FURNISHED FOR EACH DATE GIVEN	D. NATURE OF ILLNESS OR INJURY REQUIRING SERVICES OR SUPPLIES *(Diagnosis)*	E. CHARGES	Leave Blank
12/7/70	0	Inter EET 99060 Dr. Lindig	Arthritis (moderate) in	$ 20.00	
"	"	Standing AP 73560	keeping with advanced	25.60	
"	"	both knees	age		
"	"	Ace bandage 99070		2.00	

8. NAME AND ADDRESS OF PHYSICIAN OR SUPPLIER *(Number and street, City, State, ZIP Code)*
Edwin Lindig, Jr., M.D.
Fairbanks Medical & Surgical Clinic
Box 1330
Fairbanks, Alaska 99707

TELEPHONE NUMBER

CODE NO.

9. Total Charges $ 47.60

10. Amount Paid $

11. Any Unpaid Balance Due $

12. ASSIGNMENT OF PATIENT'S BILL *(See reverse)* ☒ I ACCEPT ASSIGNMENT ☐ I DO NOT ACCEPT ASSIGNMENT

Resubmitted 7/2/71

13. SIGNATURE OF PHYSICIAN OR SUPPLIER *(A physician's signature certifies that physician's services were personally rendered by him or under his personal direction)*
Edwin Lindig, Jr.

☒ MD ☐ DO ☐ DDS OR DMD

DATE SIGNED: 9/15/71

¹O—Doctor's Office IH—Inpatient Hospital ECF—Extended Care Facility OL—Other Locations *(Specify in 7C)*
L—Independent Laboratory *(give name and address in 7C)* H—Patient's Home OH—Outpatient Hospital NH—Nursing Home

FORM 02-0018

MEMORANDUM

State of Alaska

TO: Myrton R. Charney, Director
Division of Budget and Management
Department of Administration

DATE : January 25, 1973

FROM: Vern Roberts, Director V.R.
Division of Administration
Department of Fish and Game

SUBJECT: Requests for supplemental appropriations, old billings

The Department of Fish and Game respectfully requests a supplemental appropriation for the following two billings:

1. Service Electric Co., Inc. - Invoice #8514 - dated 3/19/68 in the amount of $83.00

2. Western Alaska Airlines - Invoice #6825 - dated 5/16/69 in the amount of $244.00

We have attached copies of all our material with reference to the above.

Thank you.

cc: Accounting

8514

SERVICE ELECTRIC CO., INC.

SERVING SOUTHEASTERN ALASKA

INVOICE

744 WATER STREET • KETCHIKAN, ALASKA 99901

SOLD TO: Alaska Dept of Fish & Game

ADDRESS: Ocean Fish & Protection P.O. BOX 5

CITY

DATE: 3-19 1968

SHIP WHEN	SHIP VIA	DATE SHIPPED

CUSTOMER'S ORDER	OR DEPT. OF	SALESMAN	TERMS
131018	P.O.		

V	QUANTITY		PART NUMBER	DESCRIPTION	DEL'D	UNIT PRICE	TOTAL
		1	987	Rip Saw			83.00
			S/N	86111			
				No Tax			

No record

TAX

TERMS: NET

CONDITIONS OF SALE

INVOICE

No goods will be accepted for credit unless returned with our permission, transportation charges paid and date of invoice accompanying goods. A ten percent charge to cover handling will be made on all returned goods unless returned on account of being defective or error on our part. Goods cut or machined to order are

Our responsibility ceases on delivery of goods to transportation company. This bill becomes due immediately if the purchaser suspends payment, removes, sells out, becomes insolvent or bankrupt, or is sued. Prices are subject to change without notice. Interest will be charged on past due accounts.

Form 02-06

REPLY MEMO

State of Alaska

MESSAGE	REPLY
TO Fred Overstreet, Administration Juneau DATE 3-10-72	TO SUE DATE 7/10/72
Re: Service Electric	TO SUMMARIZE, LOOKS LIKE THE FPO 131018 FOR $83.00 NEVER REACHED ACCTNG + HAS NOT BEEN PAID. IT WILL REQUIRE SUPPLEMENTAL APPROPRIATION SO I'M SENDING THE INVOICE BACK TO ACCOUNTING FOR ACTION.
Finally got to the loft, didn't think I'd ever make it. Anyway found out the following	
FPO 130293, pd Vo 653146 on 5-6-68 FPO 131004, pd Vo 644080 on 4-2-68 INV 976 FPO 131018, no record of this in any of our files. INV 3519	
I really am sorry it took so long.	
	COPY: ACCTNG
SIGNED Accounting TAlbayalde	SIGNED Sue

1. KEEP YELLOW COPY. 2. SEND WHITE AND PINK COPIES WITH CARBON INTACT.

1. WRITE REPLY. 2. DETACH STUB, KEEP PINK COPY. RETURN WHITE COPY TO SENDER.

No. 6825 DEPT. ______ DATE 5-15 1969

NAME Alaska Dept Fish Game

ADDRESS ______

CITY ______

SOLD BY	CASH	C. O. D.	CHARGE	ON ACC'T	MDSE. RET'D.	PAID OUT
			✓			

QUAN.		DESCRIPTION	PRICE	AMOUNT
	1	Charter extension of 145		
	2	Kdk - Akn. Igg. Akn - Dlg.		
	3	Bureau Game 28219		
	4	Rate: 120.00 @ hr.		
	5	Flight Time: 2 hours 02 min		
	6	Charge:		244.00
	7			
	8	Gary Arerman		
	9	Jerry Bryan		
	10	Rob Bruel		
	11			
	12			
	13	Thanks		244.00

CUSTOMER'S ORDER NO. ______ REC'D BY Andree

KEEP THIS SLIP FOR REFERENCE

Rediform
5S 33

Robt Paulus
Van Ray

8-4-72

Subj: Billing from Western.

Bob, I recd. this from ADFG, Olyhms. and from what super sleuthing I could accomplish in a short time, I gather the charge to be for a smolt project trip to the K... lake. So, I'm forwarding the billing to you. Nelson said this is typical of the screwed up way Western operates, i.e. digging up a 3-yr old billing. Advise check w/ Juneau acctg. to see if this has been paid

To Paulus —
I was quizzed about this in Juneau.
We may have to pay it. Hell!

Steve

REPLY MEMO

No [illegible]

State of Alaska

from Bob P

MESSAGE	REPLY
TO Roy Rickey DATE 9/13/72	TO Just for your perusal. DATE
attached to the back of this package is a 1969 flight bill from Western Alaska Airlines. We tried for 6 months via letter, phone and by personal contact to get this billing in 1969 and they insisted they had no such charge. With a billing 3 years late I would think a "statute of limitations"	would apply. If we have to pay it, okay, but I don't think they should be allowed this kind of billing. It was a [illegible] charge, and no flight ticket was issued. Only the copy attached exists. Bob Paulus
SIGNED	SIGNED

1. KEEP YELLOW COPY. 2. SEND WHITE AND PINK COPIES WITH CARBON INTACT

1. WRITE REPLY. 2. DETACH STUB, KEEP PINK COPY. RETURN WHITE COPY TO SENDER.

cc Steve Pennoyer

02-0018

STATE
of ALASKA

MEMORANDUM

TO: M.R. Charney, Director
Dept. of Administration
Div. of Budget & Management

Thru: Roger C. Lange, Comptroller
Dept. of Health & Social Services

DATE : March 1, 1973

FROM: Ray Davidson, Fiscal officer
Dept. of Health & Social Services

SUBJECT: Statute of limitations
outdated billings

The attached billings were not submitted for payment by vendors until after the statute of limitations required legislation to process them (2 years after service). We would appriciate legislative approval for supplemental funds to enabling us to make payment to these vendors.

Regular Billings	1996.25
Medical Billings	5398.02
Total	7394.27

Health & Social Services
Outdated Billings (Medical)

Alaska Clinic	06-35-6-350-380	81.00	
" "	"	15.00	
" "	"	15.00	111.00
J.A. Baldauf MD	06-35-6-350-380	21.23	
" " "	"	4.00	
" " "	"	112.00	137.23
GP Blankinship MD	06-35-6-350-380		13.20
Blood Bank of Alaska Svs	06-35-6-350-350		25.00
R W Carr MD	06-35-6-250-380		9.20
Josehp Cummings DDS	06-35-6-400-380		60.00
G P Dittrick MD	06-35-6-350-380		140.60
Doctors Collection Service	06-35-6-350-380		50.00
L David Ekvall MD	06-35-6-350-380		42.50
Hugh B Fate	06-35-6-400-380		5.00
Fairbanks Med & Serg (M. Cameron)	06-35-6-350-380	2244.90	
" " (Townsend)	"	28.00	
" " (Bradford)	"	10.00	
" " "	"	3.20	
" " "	"	5.00	
" " "	"	34.40	
" " "	"	10.00	
" " (Ratloff)	"	22.00	
" " (Kirby)	"	12.00	
" " "	"	12.00	2381.50
Fairbanks Comm. Hospital	06-21-3-250-384		30.00
Fairbanks Memorial Hospital	06-21-3-250-384		44.00
Leonard D Ferucci MD	06-35-6-350-380		30.00

Page #2 continue

Miles H Fritz MD	06-35-6-350-380		104.00
Harborview Memo Hospital	06-32-?-200-360		30.00
Hicks Boarding Home	06-35-6-350-380		150.00
Holmes Johnson Clinic	06-35-6-350-380		80.00
W R Jones MD	06-35-6-350-380		9.00
Credit Bureau of Ketchikan	06-35-6-350-380		73.50
Ketchikan Gen Hospital	06-35-6-350-380		353.80
Ketchikan Med Clinic	06-35-6-350-380		69.00
Edward Lindig	06-35-6-350-380		424.89
J W Mortenson MD	06-35-6-350-380		137.60
Nelson Medical Group	06-35-6-340-385		60.00
Sitka Comm Hospital	06-35-6-?10-384		44.00
Martin Slisco MD	06-35-6-?50-380		25.00
Tanana Med & Surg	06-35-6-?50-380	49.00	
" " "	06-32-2-?11-380	45.00	94.00
Valley Hosp. Palmer	06-35-6-350-380		44.00
E M Voke MD	06-35-6-350-380		620.00
		Total	5398.02

Health + S.S.

Budget + Mgmt.

	T
11100	+
13723	+
1320	+
2500	+
920	+
6000	+
14060	+
5000	+
4250	+
500	+
238150	+
3000	+
4400	+
3000	+
10400	+
3000	+
15000	+
8000	+
900	+
7350	+
35380	+
6900	+
42469	+
13760	+
6000	+
4400	+
2500	+
4900	+
4500	+
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STATEMENT

THE ALASKA CLINIC

"A Professional Corporation"

825 L STREET PHONE 272-4951

ANCHORAGE, ALASKA

July 28, 1972

Departmentof Health & Social Services

Re: Pat Knott 92-0036732

DATE	TREATMENT	CHARGES	CREDIT	BALANCE
4-27-70	Office call Dr. Wieland	12.00		
	Medication	13.00		
8-4-70	X-ray Chest Dr.Wieland	16.00		
	Larnex	40.00		
9-15-71	Office call Dr. Curtis	12.00		
9-15-71	Pathology Dr. Dunn	20.00		
				113.00

Stat: Data

81.00

RECEIVED

SEP [illegible] 1972

Division of Family & Children Services

THE ALASKA CLINIC
"A Professional Corporation"
825 L STREET PHONE 272-4551
ANCHORAGE, ALASKA

July 28, 1972

Department of Health & Social Services

Debbie Knott dtr. of Pat Knott

92-0036732

DATE	TREATMENT	CHARGES	CREDIT	BALANCE
10-8-70	Physical Dr. Littl	15.00	Stale Date	
~~4-16-71~~	~~Office call Dr. Wieland~~	~~12.00~~		
	~~Lab: strep culture~~	~~8.00~~		
				~~35.00~~

RECEIVED
SEP
Division of Family & Children Services

STATEMENT

THE ALASKA CLINIC

"A Professional Corporation"

825 L STREET PHONE 272-4551

ANCHORAGE, ALASKA

July 28, 1972

Department of Health & Social Services

Re: Sharon Knott dtr. of Pat Knott 92-0036732

DATE	TREATMENT	CHARGES	CREDIT	BALANCE
9-23-70	Office Physical Dr. Little	15.00		15.00

THIS IS A STATEMENT OF THE ACTION TAKEN ON YOUR MEDICARE CLAIM

Ætna Life & Casualty
Medicare Claim Administration

Telephone No. 222-6031

DATE

7 ...

HEALTH INSURANCE CLAIM NUMBER

654-16 ... A

SEE REVERSE SIDE FOR GENERAL INFORMATION

SERVICES

	FIRST DATE MO	DAY	LAST DATE MO	DAY	LOCATION OF	NUMBER OF	RENDERED BY	DESCRIPTION
1	8	12	9	02				
2	1969							
3								
4								
5								
6								
7								
8								
9								
10								

Doctor's Office
Inpatient Hospital
Independent Lab
Extended Care Facility
Patient's Home
Outpatient Hospital
Other Location
Nursing Home

1. Medical Care
2. Surgery
3. Consultation
4. ...
5. ...
6. ...
7. ...
8. Assistant ...
9. ...
0. ...

If an amount is shown in the "Not Allowed" column at right, the paragraph checked below will explain.

... Allowed Charge is less than the actual charge for psychiatric ... because only 62½% of such expenses are allowed under the ...

... Allowed Charge is less than the actual charge for psychiatric ... because the $250.00 maximum payable in one calendar year has been reached.

... charges have been reduced to the amount indicated, because they have been determined to be higher than we can consider as ... expense under the Medicare Program.

71-52635-01

06-37-31-03-385

Your $50.00 deductible has been met for 1969

CHARGES	TOTAL	NOT ALLOWED	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

TOTAL ALLOWED CHARGES

LESS DEDUCTIBLE 4.25

BALANCE OF ALLOWED CHARGE

LESS 20% COINSURANCE 21.23

MEDICARE PAYS

... ALDAUF, ...

Mum

Muriel

6/9.

PHYSICIAN'S OR SUPPLIER'S COPY

EXPLANATION OF MEDICARE BENEFITS

THIS IS A STATEMENT OF THE ACTION TAKEN ON YOUR MEDICARE CLAIM

Aetna Life & Casualty
Medicare Claim Administration
Yeon Building
522 S. W. 5th Avenue
Portland, Oregon 97204
Telephone No. 222-6231

DATE 7 8 70

HEALTH INSURANCE CLAIM NUMBER 054 16 14534

IMPORTANT

SEE REVERSE SIDE FOR GENERAL INFORMATION

C Koonz

The following will explain any code shown in the "Location of" column to the

Doctor's Office
Inpatient Hospital
Independent Lab
Extended Care Facility
Patient's Home
Outpatient Hospital
Other Location
Nursing Home

SERVICES

	FIRST DATE MO	DAY	LAST DATE MO	DAY	LOCATION OF	NUMBER OF	RENDERED BY	DESCRIPTION OF
1	6	17	6	17				
2		1970						
3								
4								
5								
6								
7								
8								
9								
10								

1. 2. 3. 4. 5. 6. 7. 8. 9. 0.

If an amount is shown in the "Not Allowed" column at right, the paragraph checked below will explain.

☐ The Allowed Charge is less than the actual charge for psychiatric services, because only 62½% of such expenses are allowed under the

☐ The Allowed Charge is less than the actual charge for psychiatric services, because the $250.00 maximum payable in one calendar year has been reached.

☐ The charges have been reduced to the amount indicated, because they have been determined to be higher than we can consider as covered expense under the Medicare Program.

71-52635-01
06-37-31-01-385

Your $50.00 deductible has been met for 19___

JA Baldauf MD

CHARGES	TOTAL	NOT ALLOWED	ALLOWED
1	2000		2000
2			
3			
4			
5			
6			
7			
8			
9			
10			

TOTAL ALLOWED CHARGES	20.00
LESS DEDUCTIBLE	
BALANCE OF ALLOWED CHARGES	20.00
LESS 20% COINSURANCE	4.00
MEDICARE PAYS	16.00

REQUEST FOR MEDICARE PAYMENT

MEDICAL INSURANCE BENEFITS—SOCIAL SECURITY ACT

(See Instructions on Back—Type or Print Information)

Copy from your HEALTH INSURANCE CARD (See example on back)

Name of patient: C[illegible] I. Koons

Health insurance claim number: 054-16-1453-A

☒ Male ☐ F[illegible]

Patient's street address: [illegible] North Park, Mt. View

City, State, ZIP code: Anchorage, Alaska

Telephone Number: 279-[illegible]

Describe the illness or injury for which you received treatment (Always fill in this item if your doctor does not complete Part II below)

D[illegible]

Was your il[illegible] injury conne[illegible] your emplo[illegible]: ☐ Yes ☒ No

If you have other health insurance or if your State medical assistance agency will pay part of your medical expenses [illegible] information about this claim released to the insurance company or State agency upon its request, give the following info[illegible]

Insuring organization or State agency name and address: None

Policy or Medical Assistance Number: None

I authorize any holder of medical or other information about me to release to the Social Security Administration or its interm[illegible] carriers any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place [illegible] nal, and request payment of medical insurance benefits either to myself or to the party who accepts assignment below.

Signature of patient (See instructions on reverse where patient is unable to sign): O[illegible] I. Koons

Date signed: [illegible]/17

A. Date of service	B. Place of service (*See Codes below)	C. Code surgical or medical procedures and other services or supplies furnished for each date given	Code	D. Nature of illness or injury requiring services or supplies	E. Charges (If re-lated to unusual circumstances explain in 7C)
[illegible]/12/69	O	Complete examination		1. Coronary artery disease with angina pectoris 2. Diabetes mellitus	$ 58.00
"	O	Electrocardiogram	93000-52	3. Questionable right lower quadrant mass Same	20.00
"	O	Chest x-ray (Pa&Lat)	71020	Same	20.00
"	O	Urinalysis	81000	Same	5.00
[illegible]/21/69	O	Re-examination	90040	Same	12.00
[illegible]/69	O	Re-examination	90040	Same	12.00
[illegible]/17/70	OH	Emergency room care	90500	Probable viral bronchitis	20.00

Name and address of physician or supplier (Number and street, city, State, ZIP code)

James A. Baldauf, M.D.
207 E. Northern Lights Blvd.
Anchorage, Alaska 99503

Telephone No.: 277-9725

Physician or supplier code: 01 JB BHBJG

9 Total charges: $ 147.00

10 Amount paid: $ 70.00

11 Any unpaid balance due: $ 77.00

12 Assignment of patient's bill

☒ I accept assignment ☐ I do not accept assignment

13 Show name and address of facility where services were performed (If other than home or office visits)

6/17/70 = Providence Hospital Emergency Room

14 Signature of physician or supplier (A physician's signature certifies that physician's services were personally rendered by him or under his personal direction)

☒ MD ☐ DO ☐ DDS

Other degree ______

Date signed: 6/22/70

*O—Doctor's Office; [illegible]—Independent Laboratory; H—Patient's Home (If portable X ray services, identify the supplier); IH—Inpatient Hospital; ECF—Extended Care Facility; OH—Outpatient Hospital; OL—Other Locations; NH—Nursing Home

FORM SSA-1490D (4-68) Department of Health, Education[illegible]

J. A. BALDAUF, M.D.
207 E. NORTHERN LIGHTS BLVD.
ANCHORAGE, ALASKA 99503
PHONE 277-9725

Mr. Jeffry Bogue
3801 Artic Blvd. Sp #29
Anchorage, Alaska

A. Office Exam
B. Office Visit
C. Electrocardiogram
D. X-Ray
E. Consultation
F. Hospital Care
G. Spec. Diagnostic Service
H. Injection — Medication
I. Laboratory
J. Emergency Care
K. Home Care
L. Miscellaneous
NC No Charge

DATE	CHARGES	CODE	AMOUNT	CREDITS ON ACCOUNT	CASH	ADJ.	BALANCE
10/16/70	Hospital Admission	F	90215 50.00				50 00
10/16/70	Special Attendance	L	99040 50.00				100 00
10/16/70	Follow-up Care	F	90240 12.00				112.00
2/15/72	[illegible]						

not paid as of 1/8/73

William Haugland

SERVICES

FIRST DATE MO	DAY	LAST DATE MO	DAY	LOCATION OF

The following will explain the number shown in the "Description of" column at left:

1. Medical Care
2. Surgery
9. Other Serv.
0. Whole Blood or Packed Red Blood Cells

I certify that this is a true and correct bill and hereby authorize the Department's Fiscal Officer to effect payment of same.

[signature] 10-24

Signature Date

06-22-3-370-385-71-0070

8-Digit Account Code 3-Digit Object Code

AA 44939-01

Case-or Med. Card No. Remarks

If an amount is shown in the "Not Allowed" column at right the paragraph checked below will explain.

Charge is less than the actual charge for psychiatric ... only 62½% of such expenses are allowed under the ...

Charge is less than the actual charge for psychiatric ... the $250.00 maximum payable in one calendar year

Division of Family & Children Services

... reduced to the amount indicated because ... determined to be higher than we can consider as ... under the Medicare Program.

TOTAL	NOT ALLOWED
30.00	30.00
36.00	36.00

... deductible has been met for 19___

TOTAL ... CHARGES 66.00

BALANCE OF ALLOWED ... 66.00

... COINSURANCE 13.20

MEDICARE PAYS

STATEMENT

DRS. G.P. BLANKINSHIP, G.S. RHYNEER
and J.A. BALDAUF
A Professional Corporation

33[illegible] Providence Drive
Anchorage, Alaska 99504

Phone: 279-8577
Suite 314

WELFARE
[illegible]
MEDICARE

~~Estate of~~ William Haugland
Larsons Bay
Alaska

DATE	DOCTOR	CHARGES A	B	C	D	CODE	MISC.	CREDITS ON ACCT.	CASH	ADJ.	BALANCE
	BALANCE FORWARD →										
9/17/70	GPB	consl Dr Chalmers				G	90600 30.00				30.00
9/18 19 24/70	GPB	3 visits @ 12				F	90240 36.00				66.00
3/15/71	GPB	2 visits @ 12				F	24.00				90.00
3/16/71	GPB	1 visit @ 12				F	12.00				102.00
3/16/71	GPB	Critical pt 1 hr @ 50				F	50.00				152.00
3/17–25/71	GPB	16 visits @ 12				F	192.00				344.00
4-7 4-13-71	GPB	14 visits @ 12				F	168.00				512.00
6/24/71	GPB							154.60 med			357.40
8/16/71		7-21-71 (letter to medicare)						112.00 medic			245.40
9/7/71	Welfare billed										245.40
10/13/71	GPB	3/15 – 3/25 split welfare						35.65	disallowed 84.75		122.00
10/13/71	GPB	4/7 – 4/13 split welfare						28.00	disallowed 28.00		66.00
12/30/71	Welfare rebilled for 1970 charges ($66.00) Pt'd Lorraine Warwick, Welfare Med. Deck, pmt. may take 6-9 mos!										
5/10/72	GPB	Uncollectible. Welfare will not pick up.					(66.00)				-0-
8-23	Nick call to SS office										
1/20/72	GPB	AETNA Reconsidered					52.50	52.50	AETNA #7802956[illegible]		-0-

PLEASE PAY LAST AMOUNT IN THIS COLUMN

A—Office Exam.
B—Electrocardiogram
C—X-Ray
D—Laboratory
E—Spec. Diagnostic Service
F—Hospital Care

G—Consultation
H—Injection
I—Emergency Care
J—Home Care
K—Misc. Services
[illegible]

THIS IS A COPY OF YOUR ACCOUNT AS IT APPEARS ON OUR LEDGER CARD.

MEDICALLY SPONSORED

NON-PROFIT ORGANIZATION

N.I.H LICENSE NO. 361

BLOOD BANK OF ALASKA, INC.

DR. MICHAEL F. BEIRNE, DIRECTOR

1020 I STREET
ANCHORAGE, ALASKA 99501

TELEPHONE 272-0820

December 8, 1972

Department of Health & Welfare
Division of Public Welfare
Patient: Mary E. Miller
6603 Tudor Rd. #4
Anchorage, Alaska

Date 12/24/70

Replacement fee for one (1) unit of fresh human blood at $25 per unit.
Total $25. I hereby certify that the above is just and correct and that no payment has been made.

LeeAnna Brown
Bookkeeper

RECEIVED
DEC 11 1972
Division of Family & Children Services

MEMBER OF AMERICAN ASSOCIATION OF BLOOD BANKS
MEMBER OF NATIONAL CLEARINGHOUSE PROGRAM

EXPLANATION OF MEDICARE BENEFITS

Prepared By:

/Etna Life & Casualty
Medicare Claim Administration
Yeon Building
522 S. W. 5th Avenue
Portland, Oregon 97204
Telephone No. 222-6831

DATE

HEALTH INSURANCE CLAIM NUMBER

IMPORTANT

See reverse side for General Information.

2-21-69

Do not lose this copy.

BENEFICIARY'S NAME AND ADDRESS

LOCATION OF SERVICE CODES

The following will explain the codes shown in the "Location of" column to the right.

- O Doctor's Office
- IH Inpatient Hospital
- IL Independent Lab
- ECF Extended Care Facility
- H Patient's Home
- OH Outpatient Hospital
- OL Other Location

SERVICES

	FIRST DATE MO	FIRST DATE DAY	LAST DATE MO	LAST DATE DAY	LOCATION OF	NUMBER OF	RENDERED BY	DESCRIPTION OF
1	08	22	08	29			R W Carey MD	
2								
3								
4								
5								
6								
7								
8								
9								
10								

DESCRIPTION OF SERVICE CODES

The following will explain the number shown in the "Description of" column at left.

1. Medical Care
2. Surgery
3. Consultation
4. Diagnostic X-ray
5. Diagnostic Lab
6. Radiation Therapy
7. Anesthesia
8. Assistant Surgeon
9. Other Service

If an amount is shown in the "Not Allowed" column at right, the paragraph checked below will explain:

- ☐ The Allowed Charge is less than the actual charge for psychiatric service, because only 62½% of such expenses are allowed under the law.
- ☐ The Allowed Charge is less than the actual charge for psychiatric service, because the $250.00 maximum payable in one calendar year has been reached.
- ☐ The charges have been reduced to the amount indicated, because they ha[ve] been determined to be higher than we can consider as covered expense under the Medicare Program.

Your $50.00 deductible has been met for 19 68

CHARGES	TOTAL	NOT ALLOWED	ALLOWED
1	14.00		14.00
2			
3			
4			
5			
6			
7			
8			
9			
10			

TOTAL ALLOWED CHARGES	14.00
LESS DEDUCTIBLE	0.00
BALANCE OF ALLOWED CHARGES	0.00
LESS 20% COINSURANCE	1.20
MEDICARE PAYS	11.80

BENEFITS PAID TO

R W Carey MD
325 Dock St.
Ketchikan Alaska 99901

(MS 69047 3-5)

PHYSICIAN'S OR SUPPLIER'S COPY

CAT. 163102

REQUEST FOR MEDICARE PAYMENT

MEDICAL INSURANCE BENEFITS—SOCIAL SECURITY ACT

(See Instructions on Back—Type or Print Information)

Form Approved Budget Bureau No. 72-R0730

Copy from your HEALTH INSURANCE CARD (See example on back)

Name of patient: Robert Milonich

Health insurance claim number: 574-01-7659 A

☒ Male ☐ Female

Patient's street address: Box 1432

City, State, ZIP code: Ketchikan, Alaska 99901

Telephone Number:

Describe the illness or injury for which you received treatment (*Always fill in this item if your doctor does not complete Part II below*)

Was your illness or injury connected with your employment? ☐ Yes XX No

If you have other health insurance or if your State medical assistance agency will pay part of your medical expenses and you want information about this claim released to the insurance company or State agency upon its request, give the following information.

Insuring organization or State agency name and address:

Policy or Medical Assistance Number:

I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment below.

Signature of patient (*See instructions on reverse where patient is unable to sign*)

SIGN HERE: Robert Milonich

Date signed: 1/28/1969

7 A. Date of each service	B. Place of service (*See Codes below)	C. Fully describe surgical or medical procedures and other services or supplies furnished for each date given	D. Nature of illness or injury requiring services or supplies	E. Charges (If related to unusual circumstances explain in 7C)	Leave Blank
8/22/68	Office	Office call and R_x	High blood pressure	$ 7.00	
8/29/68	Office	Office call and R_x	Poor circulation in the legs	$7.00	
		I certify that this is a just and proper bill and hereby authorize the Department Certifying Officer to affect payment of same.			
		Marian L. [illegible] 1-25-72			
		[illegible] Date			
		Sub Account Code 8-Digit Object Code			
		[illegible] 12627-01			

8 Name and address of physician or supplier (*Number and street, city, State, ZIP code*)

Ralph W. Carr, M.D.
325 Dock Street
Ketchikan, Alaska 99901

Telephone No. / Remarks: CA5-4114

Physician or supplier code:

9 Total charges: $14.00

10 Amount paid: $

11 Any unpaid balance due: $14.00

12 Assignment of patient's bill

☒ I accept assignment ☐ I do not accept assignment

13 Show name and address of facility where services were performed (*If other than home or office visits*)

14 Signature of physician or supplier (*A physician's signature certifies that physician's services were personally rendered by him or under his personal direction*)

Ralph W. Carr, M.D.

☒ MD ☐ DO ☐ DDS Other degree ______

Date signed: 1/22/69

*C—Doctor's Office; IL—Independent Laboratory; H—Patient's Home (If portable X-ray services, identify the supplier); IH—Inpatient Hospital; ECF—Extended Care Facility; OH—Outpatient Hospital; OL—Other Locations; NH—Nursing Home

FORM SSA-1490 (4-68)

Department of Health, Education, and Welfare
Social Security Administration

ATTENDING DENTIST'S STATEMENT — INSURANCE CLAIM

UNIFORM REPORT FORM

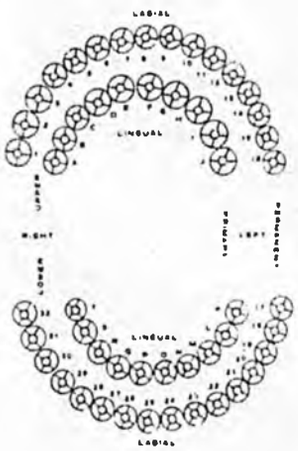
This form should be completed immediately and returned to the EMPLOYEE

Department of Health & Social Services
Division of Family & Children Services
338 Denali Street
Anchorage, Alaska 99501

PATIENT NAME	Williams, Debra (RELATIONSHIP TO EMPLOYEE)	PATIENT BIRTHDATE MONTH DAY YEAR	DATE PATIENT FIRST VISIT (Current Series)
DENTIST NAME LICENSE NO.	Dr. Joseph Cumming #134	IS PATIENT COVERED BY OTHER PLAN? (name of other plan)	11-6-68 YES / NO
DENTIST MAILING ADDRESS PHONE NO.	406 G. Street 272-9575	IS ANY OF TREATMENT FOR ORTHODONTIC PURPOSES?	X
CITY STATE ZIP	Anchorage, Alaska 99501	TREATMENT RESULT OF ACCIDENT?	X
IF PROSTHESIS, IS THIS INITIAL PLACEMENT	(IF NOT, GIVE REASON FOR REPLACEMENT) DATE OF PRIOR PLACEMENT	RESULT OF OCCUPATIONAL INJURY?	X

EXAMINATION AND TREATMENT RECORD—LIST IN ORDER FROM TOOTH NO. 1 THROUGH TOOTH NO. 32

TOOTH No. OR LETTER	SURFACES	DESCRIPTION OF SERVICE (INCLUDING X-RAYS, PROPHYLAXIS MATERIALS USED, ETC.)	DATE SERVICE PERFORMED MO. DAY YR.	PROCEDURE NUMBER	FEE	DO NOT USE THIS COLUMN
		Full Mouth X-rays	11 6 68		$25.00	
30	B	Amalgam Filling	11 6 68		10.00	
30	MOD	Amalgam Filling	11 6 68		25.00	
				TOTAL FEE ACTUALLY CHARGED	$60.00	



INDICATE MISSING TEETH WITH AN "X"

REMARKS FOR UNUSUAL SERVICES

1968 Fourth Billing
Emergency Treatment to relelve pain.

I HEREBY CERTIFY THAT THE SERVICES LISTED ABOVE WILL BE OR HAVE BEEN PERFORMED.

DENTIST SIGNATURE _____ DATE 11-15-68

I HEREBY AUTHORIZE PAYMENT DIRECTLY TO THE ABOVE-NAMED DENTIST OF THE GROUP INSURANCE BENEFITS OTHERWISE PAYABLE TO ME, BUT NOT TO EXCEED THE CHARGES SHOWN ABOVE. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY CHARGES NOT COVERED BY THIS AUTHORIZATION.

PATIENT SIGNATURE _____ DATE _____
(or employee if patient is a minor)

A. D. S.

Approved by the Council on Dental Care Programs of the American Dental Association July 1967

Furnished by the courtesy of the Alaska State Dental Society

EXPLANATION OF MEDICARE BENEFITS

THIS IS A STATEMENT OF THE ACTION TAKEN ON YOUR MEDICARE CLAIM

Aetna Life & Casualty
Medicare Claim Administration
Yeon Building
522 S. W. 5th Avenue
Portland, Oregon 97204
Telephone No. 222-6831

DATE

HEALTH INSURANCE CLAIM NUMBER

IMPORTANT

FOR GENERAL INFORMATION, SEE THE REVERSE SIDE.

The enclosed Request for Medicare Payment form (SSA-1490) is for your use in submitting future claims.

SERVICES

	FIRST DATE MO	DAY	LAST DATE MO	DAY	LOCATION OF	NUMBER OF	REND. TO BY	DESCRIPTION OF
1	7	18	8	27				
2	1969							
3								
4								
5								
6								
7								
8								
9								
10								

LOCATION OF SERVICE CODES

The following will explain the number shown in the "Location of" column to the right.

Doctor's Office
Inpatient Hospital
Independent Lab
Extended Care Facility
Patient's Home
Outpatient Hospital
Other Location
Nursing Home

THIS

DESCRIPTION OF SERVICE CODES

The following will explain the number shown in the "Description of" column at left.

1. Medical Care
2. Surgery
3. Consultation
4. Diagnostic X-ray
5. Diagnostic Lab
6. Radiation Therapy
7. Anesthesia
8. Assistant Surgeon
9. Other Service
0. Whole Blood or Packed Red Blood Cells

If an amount is shown in the "Not Allowed" column at right, the paragraph checked below will explain.

Allowed Charge is less than the actual charge for psychiatric ... because only 62½% of such expenses are allowed under the ...

Allowed Charge is less than the actual charge for psychiatric ... because the $250.00 maximum payable in one calendar year ... reached.

06-22-3-330-385-81-00
022 ???

Charges have been reduced to the amount indicated, because ... have been determined to be higher than we can consider as ... expense under the Medicare Program.

71-40459

06-37-31-03-385

... $50.00 deductible has been met for 19 ___

CHARGES	TOTAL	NOT ALLOWED	ALLOWED
1			6400
2			3500
3			8700
4		1000	2000
5			
6			
7			
8			
9			
10			

TOTAL ALLOWED CHARGES 10300
LESS DEDUCTIBLE
BALANCE OF ALLOWED CHARGES
LESS 20% COINSURANCE 140.60
MEDICARE PAYS 562.40

J. P. Dittrick MD
3500 Providence Dr
Anchorage Alaska 99504

Marion Merrill - 75

REQUEST FOR MEDICARE PAYMENT

MEDICAL INSURANCE BENEFITS—SOCIAL SECURITY ACT

(See Instructions on Back—Type or Print Information)

Form Approved
Budget Bureau No. 72-RO730

Copy from your HEALTH INSURANCE CARD (See example on back)

1 Name of patient
Carola York

2 Health insurance claim number
449 26 0413 A

X Male ☐ Female

...ent's street address
...olar Hotel 111 E 5th

City, State, ZIP code
Anchorage, Ak.

Telephone Number

Describe the illness or injury for which you received treatment (Always fill in this item if your doctor does not complete Part II below)

Was your illness or injury connected with your employment? ☐ Yes ☐ No

If you have other health insurance or if your State medical assistance agency will pay part of your medical expenses and you want information about this claim released to the insurance company or State agency upon its request, give the following information.

Insuring organization or State agency name and address

Policy or Medical Assistance Number

I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment below.

Signature of patient (See instructions on reverse where patient is unable to sign)

Date signed

SIGN HERE

A. Date of each service	B. Place of service (See Codes below)	C. Code surgical or medical procedures and other services or supplies furnished for each date given	Code	D. Nature of illness or injury requiring services or supplies	E. Charges (If related to unusual circumstances explain in 7C)	Leave Blank
7/18/69	Consultation at Providence Hospital for Dr. Wilkins				$ 35.00	
7/23/69	Surgery at Providence Hospital			Right hip pinning (Seea attached)	640.00	
8/27/69	Office Call				8.00	
7/69	x-rays of right hip				30.00	

Name and address of physician or supplier (Number and street, city, State, ZIP code)

J.Paul Dittrich, M.D.
207 E Northern Lights
Anchorage, Alaska 99503

Telephone No.

Physician or supplier code

9 Total charges $ 713.00

10 Amount paid $ -0-

11 Any unpaid balance due $ 713.00

Assignment of patient's bill

X I accept assignment ☐ I do not accept assignment

13 Show name and address of facility where services were performed (If other than home or office visits)

Providence Hospital
Anchorage, Ak.

Signature of physician or supplier (A physician's signature certifies that physician's services were personally rendered by him or under his personal direction)

☐ MD ☐ DO ☐ DDS

Other degree ——————

Date signed 1/27/70

O—Doctor's Office
L—Independent Laboratory
H—Patient's Home (If portable X ray services, identify the supplier)
IH—Inpatient Hospital
ECF—Extended Care Facility
OH—Outpatient Hospital
OL—Other Locations
NH—Nursing Home

Department of Health, Education, and Welfare
Social Security Administration

Doctors Collection Service

DATE 11/9/72

YOUR ACCOUNT WITH:

BALANCE DUE
$

find no payment on this to date 1-3-73

Welfare Department
Box 755
Seward, Alaska 99664

8

Re: Mrs. Bill Williams Son: James Baglien, Jr.

We have received an account from Dr. John Tower for $50.00 on the above. We have contacted Mrs. Baglien who was then Mrs. Williams. She said at the time which was July 24, 1970 that she was covered by welfare and that she was instructed by your office to take her son James Jr. to Dr. Tower's office in Anchorage. She was under the asumption that welfare had taken care of this bill.
Could you please tell us if welfare is responsible for the bill.
We would appreciate any help you can give us concerning this matter.

Doctors Collection Service

Make all payments to this office

Sincerely,
Karen Smith

06-35-6-350-380

TELEPHONE
279-3641

6-19-72

OBSTETRICS,
GYNECOLOGY AND
INFERTILITY

L. DAVID EKVALL, M.D., F.A.C.S.
3300 PROVIDENCE DR. • SUITE 104
ANCHORAGE, ALASKA 99504

Patient: Susan Manning

6-25-70	Initial visit, complete examination, history and evaluation.	30.00
	Urinalysis	3.50
	Pap smear	9.00
	Total	42.50

STATEMENT

Hugh B. Fate, Sr., D.M.D.

5-22-72

IN ACCOUNT WITH

State of Alaska
Dept. of Health & Social Serv.
Div. of Family & Children Serv.
Room 320 510 2nd Ave.
Fairbanks, Ak. 99701

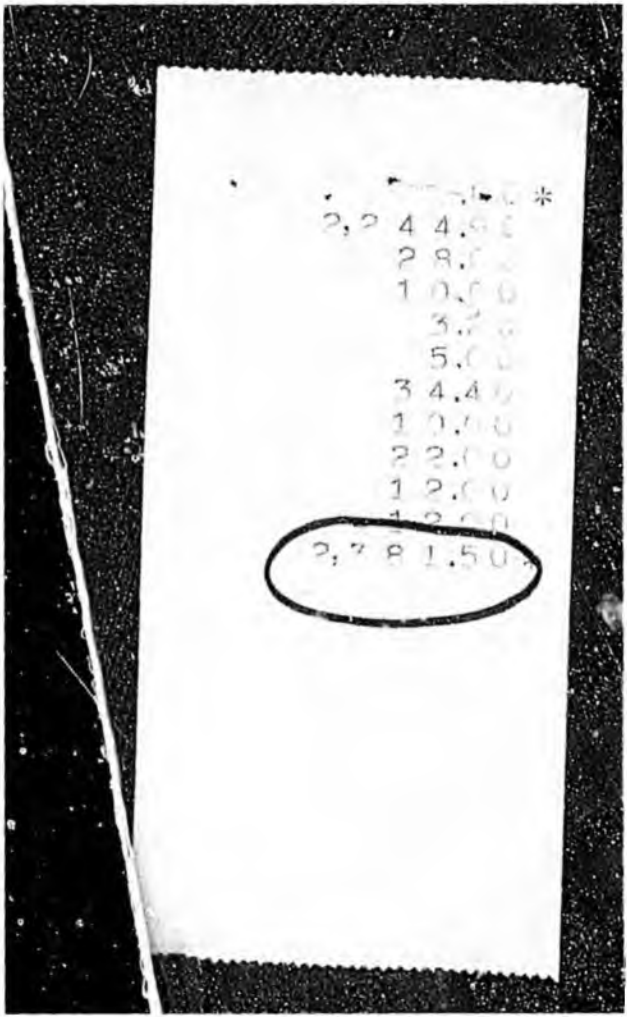
Re: Anton Brown

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE—CANCELLED CHECK IS YOUR RECEIPT.

REC. NO.	DATE	PROFESSIONAL SERVICES	CHARGE	PAID	BALANCE	PREVIOUS BALANCE
	10-14-70	Examination	5.00		5.00	

NCR Systemedia Division AB43322

HUGH B. FATE, D.M.D.
CARLTON A. HIGGINS, D.D.S.
DOUGLAS M. McDONALD, D.M.D.
RAMPART BUILDING, SUITE 6
529 5TH AVENUE
FAIRBANKS, ALASKA 99701



.00	*
15.00	
25.00	
16.00	
16.00	
135.00	
4.80	
4.80	
24.80	
16.00	
16.00	
18.40	
28.00	
235.00	
240.00	
45.00	
18.00	
115.00	
100.00	
36.00	
275.00	
50.00	
5.50	
34.40	
55.20	
15.00	
21.00	
63.00	
24.00	-
2,244.50	*

BILL TO Michaels
MAILING 1603 Central
ADDRESS Faribault

[illegible] 1-6-75 10
DOCTOR Straatsma 09
DATE | MO | YR |
MEDICARE No. | STAT.

Code	Service	Fee
90000	Brief HET	20.
90010	Limited H PET	30.
90011	Ins. Exam	
90015	Inter H PET	50.
90020	Compr. H PET	70.
99702	Employment Exam	
90040	Brief EET	12.
90050	Limited EET	16.
90060	Inter EET	20.
90070	Ext ReExam	20.
90080	Compr ReExam	30.
90084	Compr Infant E.	20.
90088	Periodic Exam	
90600	Limited Exam	
90610	Extensive Exam	

Code	Service	Fee
92001	Eye Exam w/Ref	
92080	Vis. Fields	
92100	Tonometry	
92300	Contact Lens	
90800 50 min.	Psychotherapy	
90831 25 min.	Psychotherapy	
95000	Immun	5.
92705	[illegible]	
93000	EKG	20.
92520	Audiogram	
99070	Supplies & Mat.	
74240	UGI	
74270	B.E.	
72170	[illegible]	

Code	Service	Fee
70210	Sinus	15.2
70150	Facial	40.
74420	RetroPyelogram	43.
73070	Elbow	19.2
73090	Forearm	17.2
73110	Wrist (com)	21.
73510	Hip (Com)	21.
73540	Hip & Pelvis	25.5
73560	Knee	17.6
73590	Tibia-Fibula	
73610	Ankle Compl.	
73620	Foot	
73550	Femur	24.
73130	Hand	
73140	Fingers	14.4
73650	OS Calcis	
73660	Toes	13.4

Code	Service	Fee
	Urinalysis	4.8
82250	Bilirubin	9.6
82465	Cholesterol	3.8
82565	Creatinine	3.
83160	UCG	13.6
83420	PBI	5.1
83615	LDH	3.
84330	Glucose	5.
84340	Gluc Tol	24.
84455	SGO T	
84520	BUN	
84550	Uric Acid	
84430	Thymol	
84040	PKU	3.
	Gastric	
83520	Icterus Index	
	Blood Count	

Code	Service	Fee
	Gram Stain	3.
86700	Mono Test	3.
86025	RH Titre	3.
86060	ASO Titre	3.
87030	Culture	6.4
87085	Sensitivity	13.6
88100	Pap Smear	12.
86080-86100	Type & RH	9.6
87010	Fung Prep	3.
87100	Sputum	24.
89100	Stool	3.
87420	OB Lab	15.
87210	Wet Prep	12.
	Tissue	24.
85580	Platelet Count	5.6
	Bleeding Coag Time	5.6
	Reticulocyte Count	
	Bone Marrow	
	Acid Phosphat.	
	Alkaline Phos.	
	Potassium	
	Protein Electro.	
	Amylase	

16.00

PATIENT: Cameron, Michael D.

BILL TO: Cameron, Michael D

MAILING ADDRESS: 1603 Central, Fairbanks Alaska

ACCOUNT NO.: 01 130 345 1 — 8-26-70

DOCTOR: Straatsma 09

INS. | COMP | DPW | ANHS

MEDICARE NO. | STAT.

Code	Service	Fee
90000	Brief HET	20.
90010	Limited H PET	30.
90011	Ins. Exam	
90015	Inter H PET	50.
90020	Compr. H PET	70.
99702	Employment Exam	
90040	Brief ET	[illegible]
[illegible]	[illegible]	15.
[illegible]	Inter EET	20.
90070	Ext ReExam	30.
90080	Compr ReExam	[illegible]
90084	Compr Infant E.	[illegible]
90088	Periodic Exam	
90600	Limited Exam	[illegible]
90610	Intensive Exam	[illegible]
90620	Comp HE Ev	
90630	Complex	
[illegible]	Obstetrical Care	
[illegible]	[illegible]	
	Cast	
	Surgery	

Code	Service	Fee
92001	Eye Exam w/ Ref	
92030	Vis. Fields	
92100	Tonometry	
92300	Contact Lens	
90800	50 min. Psychotherapy	30.
90801	25 min. Psychotherapy	[illegible]
90702	Immun	9.
90705	Inj.	5.
93000	EKG	30.
93020	EKG Masters	50.
92500	Audiogram	10.
99070	Supplies + Mat.	
74240	UGI	[illegible]
74270	B.E.	[illegible]
72170	Pelvis	22.
71100	Rib Uni	[illegible]
72020	Shoulder	24.

Code	Service	Fee
70220	Sinus	33.2
70150	Facial	40.
74420	RetroPyelogram	48.
73070	Elbow	17.2
73090	Forearm	19.2
73110	Wrist (com)	24.
73510	Hip (Com)	25.
73540	Hip & Pelvis	[illegible]
73560	Knee	17.6
73590	Tibia-Fibula	17.2
73610	Ankle Compl	[illegible]
73620	Foot	[illegible]
73550	Femur	24.
73120	Hand	16.
73140	Fingers	14.4
73650	OS Calcis	17.6
73660	Toes	[illegible]
74220	Esophagus	[illegible]
74240	G.B.	[illegible]
74400	IVP	[illegible]
70250	Skull	[illegible]
71010	Chest 1V	[illegible]
71020	Chest 2V	24.
72040	Spine Cerv.	[illegible]
72070	Spine Thor	[illegible]
72100	Spine, Lumb Ltd	[illegible]

Code	Service	Fee
81000	Urinalysis	4.8
82250	Bilirubin	9.6
82465	Cholesterol	3.9
82565	Creatinine	8.
83150	UCG	13.6
83420	PBI	6.4
83615	LDH	8.
84330	Glucose	8.
84240	Gluc Tol	24
84455	SGO T	[illegible]
84520	BUN	[illegible]
84550	Uric Acid	8.
[illegible]	BSP	12.3
84440	Thymol	[illegible]
84040	PKU	4.
[illegible]	Ceph Floc	8.
	Gastric	
82520	Icterus-index	[illegible]
85010	Blood Count	9.6
85610	ProTime	6.4
85650	Sed Rate	5.6
85030-85255	HCT	[illegible]
85020-85040	WBC-DIFF	6.4
85700	PTT	10.
[illegible]	Heterophile	8.
[illegible]	Latex	8.
[illegible]	L.E. Prep	4.
[illegible]	[illegible]	

Code	Service	Fee
[illegible]	Gram Stain	9.
86300	Mono Test	8.
86025	RH Titre	8.
86060	ASO Titre	9.
87030	Culture	6.4
87035	Sensitivity	13.6
88100	Pap Smear	12.
86020-86100	Type & RH	9.6
87210	Fung Prep	8.
87100	Sputum	24.
87120	Stool	8.
89450	OB Lab	15.
87010	Wet Prep	8.
88310	Tissue	24.
85590	Platelet Count	5.6
85000	Bleeding Coag Time	5.6
85640	Reticulocyte Count	[illegible]
85060	Hemogram	3.2
85100	Bone Marrow	[illegible]
84465	SGP-T	8.
83440	T3 T4	[illegible]
84060	Acid Phosphat.	[illegible]
84075	Alkaline Phos.	[illegible]
84140	Potassium	[illegible]
84155	Protein Electro.	[illegible]
[illegible]	Amylase	[illegible]
[illegible]	Sodium	[illegible]

Code	Service	Fee
[illegible]	Heat	
[illegible]	[illegible]	
[illegible]	Exercise	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	
97010	Ultra Sound	[illegible]
[illegible]	1 Modality	[illegible]
[illegible]	2 Modalities	[illegible]
[illegible]	3 Modalities	[illegible]
[illegible]	4 Modalities	[illegible]
[illegible]	1 Hr. exercise	[illegible]

25.00

Total: 25.00

PATIENT Cameron, Michael
BILL TO Cameron Michael
MAILING 1603 Central
ADDRESS Fairbanks Alaska

ACCOUNT NO. 01 13234.5 / 1 DATE 8/5/70
Strautsman 09
INS. | COMP | DPW | ANNS
MEDICARE NO. | STAT.

Code	Service	Fee
90000	Brief HET	20.
90010	Limited H PET	30.
90011	Ins. Exam	
90015	Inter H PET	50.
90020	Compr. H PET	70.
99702	Employment Exam	
90040	Brief ET	12.
90050	Limited EET (circled, X)	[illegible]
90060	Inter EET	20.
90070	Ext ReExam	30.
90080	Compr ReExam	50.
90084	Compr Infant E.	[illegible]
90088	Periodic Exam	[illegible]
90600	Limited Exam	[illegible]
90610	Extensive Exam	30.
90620	Compr HE Ev	[illegible]
90630	Complex	
[illegible]	Obstetrical Care	
[illegible]	Proctoscope bid	[illegible]
	Cast	
	Surgery	

Code	Service	Fee
92001	Eye Exam w/Ref	
92080	Vis. Fields	
92100	Tonometry	
92300	Contact Lens	
90800 50 min.	Psychotherapy	30.
90701 25 min.	Psychotherapy	[illegible]
92700	Immun	5.
90705	Inj.	6.
93000	EKG	20.
93020	EKG Masters	50.
92500	Audiogram	10.
99070	Supplies - Mat.	
74240	[illegible]	
74270	B.E.	[illegible]
72170	[illegible]	[illegible]
74100	R Ex. Uri	[illegible]
73030	Shoulder	[illegible]

Code	Service	Fee
70220	Sinus	35.3
70150	Facial	40.
74420	RetroPyelogram	45.
73070	Elbow	19.2
73090	Forearm	19.2
73110	Wrist (com)	24.
73510	Hip (Com)	29.
73540	Hip & Pelvic	25.6
73560	Knee	17.6
73590	Tibia-Fibula	[illegible]
73610	Ankle Compl	24.
73620	Foot	[illegible]
73550	Femur	24.
73120	Hand	16.
73140	Fingers	14.4
73650	Os Calcis	17.6
73660	Toes	14.4
74220	Esophagus	[illegible]
74290	G.B.	25.4
74400	IVP	60.8
70250	Skull	45.
71010	Chest 1V	[illegible]
71020	Chest 2V	24.
72010	[illegible] Cerv.	24.
72070	[illegible] Chor	24.
72110	Spine, Lumb Ltd	24.

Code	Service	Fee
[illegible] (circled)		4.8
82250	Bilirubin	9.6
82465	Cholesterol	8.8
82565	Creatinine	5.
83150	UCG	13.6
83420	PBI	6.4
83615	LDH	5.
84330	Glucose	3.
84340	Gluc Tol	[illegible]
84455	SGO T	5.
84520	BUN	3.5
84550	Uric Acid	[illegible]
84390	BSP	12.8
84440	Thymol	6.
84040	PKU	4.
82365	Ceph Floc	8.
	Gastric	
85520	Icterus-Index	6.4
85010	Blood Count	7.5
85610	ProTime	6.4
85650	Sed Rate	5.6
85050-85055	HGB-HCT	6.4
85030-85040	WBC-DIFF	6.4
85900	PTT	10.
86000	Heterophile	5.
86060	Latex [illegible]	5.
86355	LE Prep	9.
86410	[illegible]	

Code	Service	Fee
87060	Gram Stain	5.
86300	Mono Test	8.
86025	RH Titre	9.
86060	ASO Titre	9.
87060	Culture	6.4
87035	Sensitivity	13.6
88100	Pap Smear	12.
86035-86100	Type & RH	7.6
87010	Fung Prep	8.
87100	Sputum	24.
87120	Stool	8.
89450	OB Lab	15.
87010	Wet Prep	3.
88310	Tissue	24.
85550	Platelet Count	5.6
85000	Bleeding-Coag Time	6.5
85640	Reticulocyte Count	5.6
85060	Hemogram	[illegible]
85100	Bone Marrow	55.
84465	SGP-T	[illegible]
83440	T3 T4	[illegible]
84060	Acid Phosphat.	[illegible]
84075	Alkaline Phos.	[illegible]
84140	Potassium	[illegible]
84165	Protein Electro.	[illegible]
82150	Amylase	[illegible]
84295	Sodium	[illegible]
97100	[illegible]	

Code	Service	Code	Service
[illegible]	Heat	[illegible]	Cold Pac
97000	Micro-Sonlator	97010	Ultra Sound
97003	Exercise	97020	1 Modalities
97004	Whirlpool	97030	2 Modalities
97005	Diathermic	97200	3 Modalities
[illegible]	Ambulation	97201	4 Modalities
97?07	Traction	97?40	1 Hr. exercise
[illegible]	[illegible]		

11.00

PATIENT Cameron, Michael
BILL TO Michael
MAILING 1603 Central
ADDRESS

ACCOUNT NO. 0113234-5 / 7-31-70
DOCTOR Straatsma OS
INS. | COMP | ... | ...
MEDICARE NO. | STAT.

90000	Brief HET	20.
90010	Limited H PET	30.
90011	Ins. Exam	
90015	Inter H PET	50.
90020	Compr. H PET	70.
99702	Employment Exam	
90040	Brief ET	12.
90050	Limited EET	16.
90060	Inter EET	20.
90070	Ext ReExam	30.
90030	Compr ReExam	50.
90034	Compr Infant E.	20.
90038	Periodic Exam	[illegible]
90600	Limited Exam	20.
90610	Extensive Exam	50.
90620	Compr HE Ev	[illegible]
90630	Complex	
59400	Obstetrical Care	
15300	Proctosigmoid	[illegible]
	Cast	
	Surgery	

92001	Eye Exam w/Ref	
92080	Vis. Fields	
92100	Tonometry	
92300	Contact Lens	
90300 50 min.	Psychotherapy	50.
90301 25 min.	Psychotherapy	20.
90700	Immun	6.
90705	Inj.	6.
93000	EKG	20.
93020	EKG Masters	50.
92500	Audiogram	10.
99070	Supplies - Mat.	
74240	UGI	[illegible]
74270	B.E.	[illegible]
72170	Pelvis	20.
71100	Ribs, Uni	23.3
73030	Shoulder	24.

70220	Sinus	25.2
70150	Facial	40.
74420	RetroPyelogram	48.
73070	Elbow	19.2
73090	Forearm	19.2
73110	Wrist (com)	24.
73510	Hip (Com)	28.
73540	Hip & Pelvic	25.6
73560	Knee	17.6
73590	Tibia-Fibula	19.2
73610	Ankle (Comp)	24.
73620	Foot	16.
73550	Femur	24.
73120	Hand	16.
73140	Fingers	14.4
73650	OS Calcis	17.6
73660	Toes	14.4
74220	Esophagus	25.2
74290	G.B.	38.4
74400	IVP	50.8
70260	Skull	48.
71010	Chest 1V	16.
71020	Chest 2V	24.
72040	Spine, Cerv.	24.
72070	Spine, Thor	20.
72100	Spine, Lumb Ltd	[illegible]

81000	Urinalysis	4.3
82250	Bilirubin	9.6
82465	Cholesterol	8.8
82565	Creatinine	8.
83160	UCG	13.6
83420	PBI	6.4
83615	LDH	8.
84330	Glucose	8.
84340	Gluc Tol	24
84455	SGO T	8.
84520	BUN	8.8
84550	Uric Acid	8.
84390	BSP	12.8
84440	Thymol	8.
84040	PKU	4.
82385	Ceph Flocc	8.
	Gastric	
83520	Icterus-Index	6.4
85010	Blood Count	9.6
85610	ProTime	6.4
85650	Sed Rate	5.6
85050-85055	HGB-HCT	[illegible]
85030-85040	WBC-DIFF	6.4
85730	PTT	12.
86300	Heterophile	8.
86?10	Latex (slide)	6.
86355	LE Prep	8.
86410	[illegible]	[illegible]

87050	Gram Stain	8.
86300	Mono Test	8.
86025	RH Titre	8.
86060	ASO Titre	8.
87030	Culture	6.4
87035	Sensitivity	13.6
88100	Pap Smear	12.
86030-86100	Type & RH	7.6
87010	Fung Prep	8.
87100	Sputum	24.
89120	Stool	8.
89450	OB Lab	15.
87010	Wet Prep	8.
88310	Tissue	24.
85580	Platelet Count	5.6
85000	Bleeding Coag Time	5.6
85640	Reticulocyte Count	5.6
85060	Hemogram	3.2
85100	Bone Marrow	[illegible]
84465	SGP-T	8.
83440	T3 T4	[illegible]
84060	Acid Phosphat.	7.5
84075	Alkaline Phos.	[illegible]
84140	Potassium	[illegible]
84165	Protein Electro.	[illegible]
82150	Amylase	12
84295	Sodium	[illegible]
99000	[illegible]	

97001	Heat	
97002	Moleo-Sonlator	
97003	Exercise	
97004	Whirlpool	
97005	Therapeutic	
97006	Ambulation	
97007	Traction	
97008	Paraffin	

97007	Col Pac	
97010	Ultra Sound	
97030	1 Modality	12.
97050	2 Modalities	[illegible]
97200	3 Modalities	
97201	4 Modalities	[illegible]
97240	1 Hr. exercise	24.

1600

	7-14-70 — 7-21-70
	7-Cancel
	C-132345-1 — 7-24-70

BILL TO: Cameron, Michael D. / Cameron Michael D.

MAILING ADDRESS: 1603 Central

Fairbanks Alaska

90500 BRIEF EET	30.00	90200 INITIAL HOSPITAL CARE - BRIEF	35.00 X	90240 BRIEF EET ___ 12.00		90130 MINIMAL SERVICE	15.00
90510 LIMITED EET	40.00	90215 INITIAL HOSPITAL CARE - INTER	50.00	90250 LIMITED EET 5 20.00	100.00 X	90140 BRIEF EET	20.00
90515 INTER. EET	60.00	90220 INITIAL HOSPITAL CARE - COMP	70.00	90260 INTER. EET ___ 30.00		90150 LIMITED EET	30.00
		90275 INTENSIVE CARE		90270 EXTEND. RE-EXAM.	40.00	90160 INTER. EET	35.00
90530 MINIMAL SERVICE	18.00	90235 NEW BORN CARE	60.00			90170 EXT. RE-EXAM	40.00
90540 BRIEF EET	22.00	90600 LIMITED EXAM.	30.00	90620 COMP. REEV	70.00	99600 DEPOSITION	
90550 LIMITED EET	26.00	90610 EXTENSIVE EXAM.	50.00	90630 COMPLEX		99601 WITNESS FEE	
90560 INTER. EET	30.00					88010 AUTOPSY	
90570 EXT. RE-EXAM.	40.00	RVS CODE NO.		SURGERY ASSIST			
EMERGENCY ROOM SURGERY		RVS CODE NO.		SURGERY ASSIST			
		59410 O.B. DELIVERY					135.00

REMARKS:

PATIENT Cameron, Michael W
BILL TO Michael
MAILING 1603 Central Ave
ADDRESS Fairbanks Alaska

PATIENT NO.	DATE
01 132451	7-7-70

DOCTOR Straatsma 09

INS. | | | ANHS

MEDICARE NO. | STAT.

90000	Brief HET	20.
90010	Limited H PET	30.
90011	Ins. Exam	
90015	Inter H PET	50.
90020	Compr. H PET	70.
99702	Employment Exam	
90040	Brief ET	10.
90050	Limited EET	15.
90060	Inter EET	20.
90070	[illegible] ReExam	
90080	Compr ReExam	
[illegible]	[illegible]	
[illegible]	[illegible] Exam	
[illegible]	Limited Exam	
[illegible]	Intensive Exam	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible] Care	
	Cast	
	Surgery	

92001	Eye Exam w/ Ref	
92030	Vis. Fields	
92100	Tonometry	
92300	Contact Lens	
[illegible] 50 min.	Psychotherapy	50.
[illegible] 25 min.	Psychotherapy	
90700	Immun	
90705	Inj.	
93000	EKG	20.
93020	EKG Masters	30.
92500	Audiogram	10.
99070	Supplies - Mat.	
74240	UGI	
74270	[illegible]	
72170	[illegible]	
71120	Ribs, Uni	23.3
73030	Shoulder	24.

70220	Sinus	35.2
70150	Facial	40.
74420	RetroPyelogram	45.
73070	Elbow	19.2
73090	Forearm	19.2
73110	Wrist (Com)	24.
73510	Hip (Com)	[illegible]
73540	Hip & Pelvic	[illegible]
73560	Knee	[illegible]
73590	Tibia-Fibula	[illegible]
73610	Ankle, Compl	[illegible]
73630	Foot	[illegible]
73550	Femur	24.
73120	Hand	15.
73140	Fingers	14.4
[illegible]	OB [illegible]	
73650	Toes	14.4
74220	Esophagus	[illegible]
74290	G.B.	[illegible]
74400	IVP	[illegible]
[illegible]	[illegible]	43.
71010	Chest 1V	[illegible]
71020	Chest 2V	[illegible]
72040	Spine, Cerv.	[illegible]
72070	Spine, Thor	[illegible]
72100	Spine, Lumb [illegible]	[illegible]

[illegible]	[illegible]	
82250	Bilirubin	[illegible]
82465	Cholesterol	8.3
82565	Creatinine	9.
[illegible]	UCG	13.6
84420	PBI	[illegible]
83615	LDH	8.
84330	Glucose	8.
84340	Gluc Tol	24.
84455	SGOT	8.
84520	BUN	[illegible]
84550	Uric Acid	8.
[illegible]	BSP	12.[illegible]
84440	Thymol	8.
84040	PKU	4.
[illegible]	Ceph Floc	[illegible]
	Gastric	
83520	Icterus-Index	6.4
85010	Blood Count	9.6
85610	Pro Time	6.4
[illegible]	Sed Rate	5.6
[illegible]	HCT [illegible]	6.4
[illegible]	[illegible] DIFF	[illegible]
[illegible]	PTT	12.
[illegible]	[illegible]	8.
[illegible]	[illegible]	[illegible]
[illegible]	LE Prep	8.
[illegible]	[illegible]	

[illegible]	Gram Stain	8.
[illegible]	Mono Test	8.
86025	RH Titre	9.
86060	ASO Titre	8.
87060	Culture	6.4
87065	Sensitivity	13.6
[illegible]	Pap Smear	12.
86080-86100	Type & RH	9.6
87010	Fung Prep	8.
87100	Sputum	24.
87120	Stool	[illegible]
89450	OB Lab	[illegible]
87010	Wet Prep	8.
88310	Tissue	24.
85580	Platelet Count	5.6
85000	Bleeding Coag Time	5.6
85040	Reticulocyte Count	[illegible]
85060	Hemogram	3.2
85100	Bone Marrow	[illegible]
84465	SGP-T	8.
83440	T3 T4	[illegible]
84060	Acid Phosphat.	[illegible]
84075	Alkaline Phos.	[illegible]
84140	Potassium	
84165	Protein Electro.	24.
82150	Amylase	[illegible]
84295	Sodium	[illegible]
[illegible]	[illegible]	

[illegible]	Heat	
[illegible]	[illegible]	
[illegible]	Exercise	
[illegible]	Whirlpool	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	Traction	
[illegible]	[illegible]	

[illegible]	[illegible]	
97012	Ultra Sound	[illegible]
97020	1 Modalities	10.
97050	2 Modalities	[illegible]
97200	3 Modalities	[illegible]
97221	4 Modalities	[illegible]
97740	[illegible] exercise	[illegible]

4.80

PATIENT Cameron. Michael [illegible]

BILL TO Cameron, Michael

MAILING 1603 Central

ADDRESS Hilbs. AR

FILE NO. 0 132345 1 — 4-2-70

DOCTOR Stratoma — CODE 09

INS. | COMP | DPW | ANNS

MEDICARE NO. | STAT.

Code	Description	Fee
70020	Brief HET	20.
70010	Limited H PET	30.
70011	ns. Exam	
70015	nter H PET	50.
70020	Compr. H PET	70.
79702	Employment Exam	
70040	Brief ET	10.
0050	imited EET	[illegible]
0060	ter EET	[illegible]
0070	t ReExam	30.
060	ompr ReExam	[illegible]
084	ymar Infant E	[illegible]
0053	[illegible] Exam	
0600	imited Exam	[illegible]
2610	tensive Exam	[illegible]
0620	nter HE E.	[illegible]
0630	omplex	
7420	[illegible]	
	ast	
	ery	

Code	Description	Fee
92001	Eye Exam w/Ref	
92030	Vis. Fields	
92100	Tonometry	
92300	Contact Lens	
90300 50 min.	Psychotherapy	50.
90301 25 min.	Psychotherapy	[illegible]
90700	Immun	5.
90725	Inj.	5.
93000	EKG	[illegible]
93020	EKG Masters	50.
92500	Audiogram	[illegible]
99070	Supplies - Mat.	
74240	[illegible]	[illegible]
74270	B.E.	[illegible]
72170	[illegible]	[illegible]
74020	R.t.s. Uni	20.8
73030	Shoulder	24.

Code	Description	Fee
70220	Sinus	25.2
70150	Facial	40.
74420	RetroPyelogram	48.
73070	Elbow	19.2
73090	Forearm	19.2
73110	Wrist (Com)	24.
73510	Hip Coml	23.
73540	Hip & Pelvic	25.6
73560	Knee	17.6
73590	Tibia-Fibula	19.2
73610	Ankle (Coml)	[illegible]
73620	Foot	[illegible]
73550	Femur	24.
73120	Hand	[illegible]
73140	Fingers	14.4
73650	OS Calcis	[illegible]
73660	Toes	14.4
74220	Esophagus	[illegible]
74290	G.B.	[illegible]
74400	IVP	40.0
70260	Skull	43.
71010	Chest 1V	[illegible]
71020	Chest 2V	[illegible]
72040	Spine, Cerv.	[illegible]
72070	Spine, Chor	[illegible]
72100	Spine, Lumb [illegible]	[illegible]

Code	Description	Fee
81000	Urinalysis C.C.	4.8
82250	Bilirubin	9.6
82465	Cholesterol	3.8
82565	Creatinine	8.
83160	UCG	13.6
83420	PBI	[illegible]
83615	LDH	9.
84330	Glucose	[illegible]
82[illegible]40	Gluc Tol	24
84455	SGO T	5.
84520	BUN	[illegible]
84550	Uric Acid	[illegible]
84390	BSP	10.3
84440	Thymol	3.
84040	PKU	4.
82335	Ceph Floc	[illegible]
	Gastric	
83520	Icterus-Index	[illegible]
85010	Blood Count	[illegible]
85610	Pro Time	5.4
85650	Sed Rate	[illegible]
85050-85055	HGB-HCT	[illegible]
85020-85040	WBC-DIFF	[illegible]
85730	PTT	[illegible]
[illegible]	Hematocrit	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	LE Prep	[illegible]
[illegible]	[illegible]	

Code	Description	Fee
[illegible]	Gram Stain	3.
86300	Mono Test	3.
86025	RH Titre	8.
86060	ASO Titre	8.
87030	Culture	5.4
87035	Sensitivity	13.6
88100	Pap Smear	12.
86080-86100	Type & RH	[illegible]
87010	Fung Prep	9.
87100	Sputum	24.
89120	Stool	5.
89450	OB Lab	15.
87010	Wet Prep	8.
88310	Tissue	21.
85580	Platelet Count	5.6
85000	Bleeding Coag Time	5.6
85040	Reticulocyte Count	[illegible]
85060	Hemogram	[illegible]
85100	Bone Marrow	[illegible]
84465	SGP-T	[illegible]
83440	T3 T4	8.
84060	Acid Phosphat.	[illegible]
84075	Alkaline Phos.	[illegible]
84140	Potassium	[illegible]
84165	Protein Electro.	[illegible]
82150	Amylase	[illegible]
84295	Sodium	[illegible]
[illegible]	[illegible]	

Code	Description	Code	Description
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]-Pneumator	97010	Ultra Sound
[illegible]	Exercise	[illegible]	1 Modalities
[illegible]	[illegible]	[illegible]	2 Modalities
[illegible]	[illegible]	[illegible]	3 Modalities
[illegible]	[illegible]	[illegible]	4 Modalities
[illegible]	[illegible]	97110	1 Hr. exercise
[illegible]	[illegible]		

4 80

PATIENT: ~~Mickel Central~~ Mickel

BILL TO

MAILING ADDRESS: 1603 Central

No.		Date
4 123475	1	6-20-70

DOC	CODE
Stratton	09

INS.	COMP	DPW	ANNS

MEDICARE NO. STAT.

90000	Brief HET	20.
90010	Limited H PET	30.
90011	Ins. Exam	
90015	Inter H PET	50.
90020	Compr. H PET	70.
90702	Employment Exam	
90040	Brief ET	10.
90050	Limited EET	15.
90060	Inter EET (circled, X)	20.
90070	Est ReExam	
90080	Compr ReExam	
90084	Compr Infant E.	
90083	Periodic Exam	
90600	Limited Exam	
90610	Extensive Exam	
90620	Compr HE Ev	
90630	Complex	
59400	Obstetrical Care	
	Prenatal	
	Cast	
	Surgery	

92001	Eye Exam w/ Ref	
92080	Vis. Fields	
92100	Tonometry	
92300	Contact Lens	
90800 50 min.	Psychotherapy	50.
90801 25 min.	Psychotherapy	30.
90700	Immun	6.
90705	[illegible]	
93000	EKG	30.
93020	EKG Masters	50.
92500	Audiogram	12.
99070	Supplies - Mat.	
74240	UGI	
74270	B.E.	
72170	Pelvis	
71120	Ribs, Uni	25.3
73030	Shoulder	

70220	Sinus	35.2
70150	Facial	40.
74420	RetroPyelogram	48.
73070	Elbow	19.2
73090	Forearm	19.2
73110	Wrist (com)	24.
73510	Hip (Com)	28.
73540	Hip & Pelvic	25.6
73560	Knee	17.6
73590	Tibia-Fibula	19.2
73610	Ankle (Comp)	24.
73620	Foot	
73550	Femur	
73120	Hand	
73140	Fingers	14.4
73650	OS Calcis	17.6
73660	Toes	14.4
74220	Esophagus	
74290	G.B.	
74400	IVP	
70260	Skull	
71010	Chest 1V	
71020	Chest 2V	
72050	Spine Cerv.	
72070	Spine Dor.	
72100	Spine Lumb Ltd	

	Urinalysis (circled) Pee X	
82250	Bilirubin	9.6
82465	Cholesterol	8.3
82565	Creatinine	8.
83160	UCG	12.6
83420	PBI	6.4
83615	LDH	6.
84330	Glucose	3.
84340	Gluc Toll	24
84455	SGO T	2.
84520	BUN	
84550	Uric Acid	8.
84370	BSP	12.8
84440	Thymol	8.
84040	PKU	4.
82385	Ceph Floc	
	Gastric	
83520	Icterus-Index	6.4
85010	Blood Count	
85610	ProTime	
85650	Sed Rate	
85050-85055	HGB-HCT	
85030-85040	RBC-DIFF	
85700	PTT	12.
86000	Heterophile	
[illegible]	Latex (slide)	
[illegible]	LE Prep	

[illegible]	Gram Stain	8.
86300	Mono Test	8.
86025	RH Titre	9.
86060	ASO Titre	8.
87080	Culture	6.4
87085	Sensitivity	13.6
88100	Pap Smear	12.
86080-86100	Type & RH	9.6
87010	Fung Prep	
87100	Sputum	24.
89120	Stool	8.
89450	OB Lab	15.
87010	Wet Prep	
88310	Tissue	24.
85580	Platelet Count	5.6
85000	Bleeding/Coag Time	
85640	Reticulocyte Count	
85060	Hemogram	
85100	Bone Marrow	
84465	SGP-T	2.
83440	T3 T4	
84060	Acid Phosphat.	
84075	Alkaline Phos.	
84140	Potassium	
84165	Protein Electro.	
82150	Amylase	
84295	Sodium	

97001	Heat		Cat Pac	
97002	Micro Sonator	97010	Ultra Sound	
97003	Exercise	97000	1 Modalitie	12.
97004	[illegible]	97052	2 Modalities	
97005	[illegible]	97003	3 Modalities	
97006	[illegible]	97001	4 Modalities	
97007	[illegible]	97740	1 Hr. exercise	
97008	[illegible]			

2480

Michael D.
1603 Central
Fairbanks Alaska

Streatsma 09

Code	Service	Fee
90030	Brief HET	
90010	Limited H PET	
90011	Ins. Exam	
90015	Inter H PET	50.
90020	Compr. H PET	
99702	Employment Exam	
90040	Brief ET	
90050	Limited EET	
90060	Inter EET	
90070	Ext ReExam	
90080	Compr ReExam	
90084	Compr Infant E.	
90020	[illegible] Exam	
90030	Limited Exam	
90610	Extensive Exam	

Code	Service	Fee
92001	Eye Exam & Ref	
92080	Vis. Fields	
92100	Tonometry	
92300	Contact Lens	
90800 50 min.	Psychotherapy	50.
90801 25 min.	Psychotherapy	
93000	EKG	
93020	[illegible] Masters	
92500	Audiogram	

Code	Service	Fee	Code	Service	Fee	Code	Service	Fee
70220	Sinus	35.2	81000	Urinalysis	4.8	87000	Gram Stain	3.
	Facial	40.	82250	Bilirubin	9.6	86300	Mono Test	3.
74400	RetroPyelogram	49.	82465	Cholesterol	3.8	86025	RH Titre	3.
73070	Elbow	19.2	82565	Creatinine	3.	86060	ASO Titre	3.
73090	Forearm	19.2	83160	UCG		87060	Culture	
73110	Wrist (com)	24.	83420	PBI		87085	Sensitivity	
73510	Hip (Com)	23.	83615	LDH	3.	88100	Pap Smear	12.
73540	Hip & Pelvic		84330	Glucose	3.	86080-86100	Type & RH	
73560	Knee	17.6	84340	Gluc Tol	24.	87010	Forg Prep	
73590	Tibia-Fibula	17.3	84455	SGO T	3.	87100	Sputum	24.
73610	Ankle Compl		84520	BUN	3.8	89100	Stool	3.
73620	Foot		84550	Uric Acid	3.	84450	OB Lab	15.
73550	Femur		84590	HEP		87012	Ast Prep	
73120	Hand		84440	Thymol	3.	85310	Tissue	24.
73140	Fingers		84040	PKU	4.	85530	Platelet Count	
	GI Colons		82985	Cepl Floc	3.	85000	Bleeding Coag Time	
				Gastric		85640	Reticulocyte Count	
	Esophagus		83100	Icterus-index		85050	Hemogram	
74400	G.B.		85100	Blood Count		85100	Bone Marrow	
	IVP			Pro Time		84405	SGP-T	3.
				Sed Rate		83440	T3 T4	
						84060	Acid Phosphat.	
71020	Chest 2V					84075	Alkaline Phos.	
						84130	Potassium	
						84165	Protein Electro.	
						82150	Amylase	
						84295	Sodium	

	Ultra Sound	
	1 M Visiting	
	2 M Visiting	
	3 M Visiting	
	4 M Visiting	
	[illegible] exercise	

16 00

PATIENT *Cameron, Michael*

BILL TO *Michael*

MAILING *1603 Central*

ADDRESS *Fairbanks Alaska*

ACCOUNT NO. *013345 1 / 6-17-70*

DOCTOR *Straatsma 09*

INS. | | | |

MEDICARE NO. | STAT.

90000	Brief HET	20.
90010	Limited H PET	30.
90011	Ins. Exam	
90015	Inter H PET	50.
90020	Compr. H PET	70.
99702	Employment Exam	
90040	Brief ET	12.
90050	Limited EET	15.
90060	Inter EET	20.
90070	Ext ReExam	[illegible]
90080	Compr ReExam	[illegible]
90084	Compr Infant E.	[illegible]
[illegible]	Periodic Exam	
[illegible]	Limited Exam	[illegible]
[illegible]	Extensive Exam	[illegible]
[illegible]	Compr HE Ev	[illegible]
[illegible]	Consult	
[illegible]	[illegible]	
[illegible]	[illegible]	
	Cast	
	Surgery	

92001	Eye Exam w Ref	
92050	Vis. Fields	
92100	Tonometry	
92300	Contact Lens	
90830 50 min.	Psychotherapy	50.
90831 25 min.	Psychotherapy	30.
[illegible]	Immun	6.
90735	Inj.	[illegible]
93000	EKG	[illegible]
93200	EKG Monitors	50.
92500	Audiogram	[illegible]
99070	Supplies - Mat.	
74240	[illegible]	
74270	[illegible]	
72170	Pelvis	22.
[illegible]	[illegible]	
72070	[illegible]	

70220	Sinus	25.2
70150	Facial	40.
74420	RetroPyelogram	43.
73070	Elbow	19.2
73090	Forearm	17.2
73110	Wrist (com)	24.
73510	Hip Coml	23.
73540	Hip & Pelvic	25.6
73560	Knee	17.6
73590	Tibia-Fibula	17.2
73610	Ankle (Comp)	24.
73620	Foot	[illegible]
73550	Femur	24.
73120	Hand	[illegible]
73140	Fingers	14.4
[illegible]	OS Calcis	17.6
[illegible]	Toes	14.4
74020	Esophagus	[illegible]
74240	G.I.	[illegible]
74400	IVP	[illegible]
[illegible]	[illegible]	
71010	[illegible]	
71020	Chest [illegible]	[illegible]
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible] Lumb [illegible]	

81000	Urinalysis	4.9
82250	Bilirubin	9.6
82465	Cholesterol	9.8
82565	Creatinine	8.
83150	UCG	13.6
83420	PBI	6.4
83615	LDH	8.
84330	Glucose	8.
84340	Gluc Tol	24.
84455	SGO T	8.
84520	BUN	[illegible]
[illegible]	Uric Acid	8.
84390	BSP	[illegible]
84440	Thymol	8.
84340	PKU	4.
[illegible]	Ceph Floc	[illegible]
	Gastric	
[illegible]	Icterus Index	[illegible]
[illegible]	Eosin Count	[illegible]
[illegible]	Pro Time	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	

87050	Gram Stain	8.
86300	Mono Test	8.
86025	RH Titre	8.
86060	ASO Titre	8.
87030	Culture	6.4
87055	Sensitivity	13.6
88100	Pap Smear	12.
86030-86100	Type & RH	7.6
87010	Fung Prep	8.
87100	Sputum	24.
[illegible]	Stool	8.
89450	OB Lab	[illegible]
87010	Wet Prep	8.
88210	Tissue	[illegible]
[illegible]	Platelet Count	[illegible]
85000	Bleeding/Coag Time	[illegible]
[illegible]	Reticulocyte Count	[illegible]
[illegible]	Hemogram	[illegible]
85100	Bone Marrow	[illegible]
84455	SGP-T	[illegible]
[illegible]	T3 T4	[illegible]
[illegible]	[illegible] Phosphat.	
[illegible]	Alkaline Phas.	[illegible]
[illegible]	Potassium	[illegible]
[illegible]	Protein Electro.	[illegible]
[illegible]	Amylase	
84295	Sodium	[illegible]
[illegible]	[illegible]	

[illegible]	[illegible]	
[illegible]	Ultrasound	
[illegible]	1 Modalities	
[illegible]	2 Modalities	
[illegible]	3 Modalities	
[illegible]	4 Modalities	
[illegible]	[illegible] exercise	[illegible]

ROUTINE UNIT I CHARGED BY PHARM

I.V. Set-up

16.00

PATIENT	Michael Cameron
BILL TO	[illegible]
MAILING	[illegible] Central
ADDRESS	

01724345	1	DATE 6-13-70
[illegible]	79	
		STAT.

Code	Service	Fee
90000	Brief HET	
90010	Limited H PET	30.
90011	Ins. Exam	
90015	Inter H PET	50.
90020	Compr. H PET	70.
99702	Employment Exam	
90040	Brief ET (circled)	[illegible]
90050	Limited EET	15.
90060	Inter EET	20.
90070	Ext ReExam	20.
90080	Compr ReExam	50.
90054	Compr Infant E.	[illegible]
90033	Periodic Exam	[illegible]
90600	Limited Exam	[illegible]
90610	Extensive Exam	[illegible]
90620	Compr HE Ev	[illegible]
90630	Complex	
90400	[illegible]	
	Professional	
	Visit	
	Surgery	

Code	Service	Fee
92001	Eye Exam w. Ref	
92080	Vis. Fields	
92100	Tonometry	
92300	Contact Lens	
90800	50 min. Psychotherapy	50.
90801	25 min. Psychotherapy	[illegible]
90730	Immun	5.
90705	Inj.	6.
93000	EKG	20.
93020	EKG Masters	30.
92500	Audiogram	20.
99070	Supplies - Mat.	
74010	[illegible]	
74220	[illegible]	
72170	Pelvis	
71100	Ribs	
71030	[illegible]	

Code	Service	Fee
70020	[illegible]	[illegible]
70150	Facial	40.
74420	RetroPyelogram	48.
73070	Elbow	19.2
73090	Forearm	19.2
73110	Wrist (com)	24.
73510	Hip (Com)	23.
73540	Hip & Pelvic	25.6
73560	Knee	17.6
73590	Tibia-Fibula	19.2
73610	Ankle (Comp)	24.
73620	Foot	16.
73550	Femur	24.
73120	Hand	16.
73140	Fingers	14.4
73650	OS Calcis	17.6
73660	Toes	14.4
74220	Esophagus	35.2
74240	G.B.	[illegible]
74400	IVP	[illegible]
70360	[illegible]	[illegible]
71010	Chest 1V	
71020	Chest 2V	24.
72040	[illegible]	[illegible]
72070	[illegible]	
72100	[illegible]	

Code	Service	Fee
81000	Urinalysis	[illegible]
82250	Bilirubin	9.6
82465	Cholesterol	5.8
82565	Creatinine	8.
83180	UCG	13.6
83420	PBI	6.4
83615	LDH	8.
84330	Glucose	6.
84340	Gluc Tol	24.
84455	SGO T	8.
84520	BUN	6.8
84550	Uric Acid	8.4
84370	BSP	12.8
84440	Thymol	8.
84040	PKU	4.
82285	Ceph Floc	8.
	Gastric	
83020	Icterus-Index	6.4
85010	Blood Count	[illegible]
85610	Pro Time	6.4
85650	Sed Rate	6.4
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	Hematrophile	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	

Code	Service	Fee
87030	Gram Stain	[illegible]
86300	Mono Test	8.
86025	RH Titre	8.
86060	ASO Titre	8.
87080	[illegible]	[illegible]
87085	Sensitivity	13.6
88100	Pap Smear	12.
86080-86100	Type & RH	9.6
87010	Fung Prep	8.
87100	Sputum	24.
89120	Stool	8.
89450	OB Lab	15.
87010	Wet Prep	6.
88310	Tissue	24.
85560	Platelet Count	[illegible]
85000	Bleeding Coag Time	[illegible]
85040	Reticulocyte Count	[illegible]
85060	Hematocrit	[illegible]
85100	Bone Marrow	55.
84465	SGP-T	[illegible]
83443	T3 T4	[illegible]
84060	Acid Phosphat.	[illegible]
84075	Alkaline Phos.	[illegible]
84140	Potassium	
84165	Protein Electro.	[illegible]
82150	Amylase	
84295	Sodium	
[illegible]	[illegible]	
[illegible]	Col Poz	
97010	Ultra Sound	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	

18.40

PATIENT [illegible] Michael D.

BILL TO

MAILING ADDRESS 1603 Central

0 132345 | 1 | 6-10-70

Strathmore 09

STATE

90000 Brief HET		92001 Eye Exam		70220				87000	3.
90010 Limited H PET	30.	92080 Vis. Fields		70150 Facial	40.	82250 Bilirubin	9.6	86300 Mono Test	8.
90011 Ins. Exam		92100 Tonometry		74420 RetroPyelogram	40.	82465 Cholesterol	3.3	86025 RH Titre	8.
90015 Inter H PET	50.	92300 Contact Lens		73070 Elbow	13.2	82565 Creatinine	5.	86060 ASO Titre	8.
90020 Compr. H PET	70.	90800 50 min. Psychotherapy	30.	73090 Forearm	13.2	83150 UCG		87030 Culture	6.4
99702 Employment Exam		90801 25 min. Psychotherapy		73110 Wrist Exam	24.	83420 PBI	7.4	87065 Sensitivity	13.6
90040 Brief ET	10.	90700 Immun.	6.	73510 Hip (Comp)	20.	83615 LDH	5.	88100 Pap Smear	12.
90050 Limited EET		90705 Inj.		73540 Hip & Pelvis		84330 Glucose	5.	86020-86100 Type & RH	9.5
90060 Inter EET				73560 Knee		84142 Gluc Tol	24	87010 Conc Prep	8.
90070 Ext ReExam	20.			73590 Tibia-Fibula		84455 SGO T	5.	87100 Sputum	24.
90080 Compr ReExam				73610 Ankle Compl.	24.	84520 BUN		89120 Stool	8.
90084 Compr. Inst. Ex.		93000 EKG		73630 Foot		84550 Uric Acid		87450 OB Lab	15.
90088 Periodic Exam		93020 EKG Masters		73550 Femur		84475 BSP	10.8	87210 Wet Prep	5.
92500 Audiogram				73120 Hand		84440 Thymol		88310 Tissue	24.
90600 Limited Exam		95070 Bio...		73140 Fingers	14.4	84040 PKU	4.	85590 Platelet Count	
90610 Extensive Exam				73650 OS Calcis		82385 Cush Flocc	5.	85000 Bleeding Coag Time	5.6
90620 Compr HE Ex				73660 Toes		Gastric		85540 Reticulocyte Count	
				74020 Esophagus		82520 Icterus Index	6.4	85010 Hemogram	
				74210 G.B.		85010 Blood Count		85100 Bone Marrow	
				74400 IVP		85610 ProTime	6.4	84465 SGP-T	
						85650 Sed Rate		84440 T3 T4	
								Acid Phosphat.	
				71020 Chest 2V				Alkaline Phos.	
								Potassium	
								Protein Electro.	
								Amylase	

OK X

Urine Sound

[illegible]

28 00

TO SEE DR. Stratton 09

REFER TO DR.

FAIRBANKS MEDICAL & SURGICAL CLINIC

PO BOX 1333 – FAIRBANKS, ALASKA 99701
PHONE 452 2127

(DATE & TIME STAMP HERE)

INVOICE NO H 17019

5-30-70

INSURANCE ☑ COMP ☐ MEDICARE NO ☐☐☐☐☐☐☐☐☐☐☐☐

D.P.W. ☐ ☐

YOUR ACCOUNT NO 0132345-1 SUB NO. ☐☐☐

PLEASE SHOW YOUR NEW OR CORRECT MAILING ADDRESS BELOW

NEW ADDRESS HERE

PATIENT Carrigan, Donald D.

BILL TO Self

MAILING ADDRESS CITY & STATE 1103 - Central
Fairbanks, Alaska

HOSPITAL SERVICES RENDERED BY PHYSICIAN

HA	HOSPITAL ADMITTANCE DATE: 5-21-70	200	35	00
HOV	HOSPITAL VISITS FROM 5-24-70 TO 5-27-70	201	110	00
DPV	OUT PATIENT VISIT DATE:	202		
OBD	OB DELIVERY	203		
NB PHY	NEW BORN PHYSICAL	204		
SUR	HOSPITAL SURGERY	205		
SA	SURGICAL ASSISTANT	206		
ANES	ANESTHETIST	207		

HSE	HOUSE CALL DATE:	208	
CSN	CONSULTATION WITH DR.:	209	
MISC	MISCELLANEOUS: ~~210~~		
5-27	Anesthesia - 1 hr.		60 00
	=90275		
	=90260		
	=90250		
	Dicd 5-27-70		

TOTAL INVOICE AMOUNT 285 00

TO SEE DR.	Streetaman 09
REFER TO DR:	

FAIRBANKS MEDICAL & SURGICAL CLINIC

P.O. BOX 1330 – FAIRBANKS ALASKA 99701
PHONE 452 2127

(DATE & TIME STAMP HERE) 5-27-70

INVOICE NO. H 16981

INSURANCE ☐ WORK COMP ☐ MEDICARE NO ☐☐☐☐☐☐☐☐☐☐☐

D.P.W. ☐ ☐

YOUR ACCOUNT NO 0132345-1 SUB NO. ☐☐☐

PLEASE SHOW YOUR NEW OR CORRECT MAILING ADDRESS BELOW

NEW ADDRESS HERE

PATIENT	Cameron, Michael
BILL TO	Cameron, Michael B.
MAILING ADDRESS	1603 - Central
CITY & STATE	[illegible]

HOSPITAL SERVICES RENDERED BY PHYSICIAN

HA	HOSPITAL ADMITTANCE DATE: 200		
HOV	HOSPITAL VISITS FROM 5-4-70 TO 5-20-70 201	340.00	90250
DPV	OUT PATIENT VISIT DATE: 202		
OBD	OB DELIVERY 203		
NB PHY	NEW BORN PHYSICAL 204		
SUR	HOSPITAL - SURGERY 205		
SA	SURGICAL ASSISTANT 206		
ANES	ANESTHETIST 207		

HSE	HOUSE CALL DATE: 208	
CSN	CONSULTATION WITH DR.: 209	
MISC	MISCELLANEOUS: 210	
	(Adm 5-2-70 by Dr. [illegible])	
	Disch - 5-20-70	
	TOTAL INVOICE AMOUNT	340.00

TO SEE DR. Walkup 10

REFER TO DR:

FAIRBANKS MEDICAL & SURGICAL CLINIC

P.O. BOX 1333 – FAIRBANKS ALASKA 99701
PHONE 452 2127

(DATE & TIME STAMP HERE) 27 5-15-70

INVOICE NO. H 16980

INSURANCE ☐ COMP ☐ MEDICARE NO ☐☐☐☐☐☐☐☐☐☐

O.P.W. ☐ ☐

YOUR ACCOUNT NO 0132545-1 SUB NO. ☐☐☐

PLEASE SHOW YOUR NEW OR CORRECT MAILING ADDRESS BELOW!

NEW ADDRESS HERE

PATIENT	Cameron Michael D
BILL TO	Cameron Michael D.
MAILING ADDRESS	11 2 - Central
CITY & STATE	[illegible]

HOSPITAL SERVICES RENDERED BY PHYSICIAN

HA	HOSPITAL ADMITTANCE DATE: 200		
HOV	HOSPITAL VISITS FROM 5-15-70 – TO 5-17-70 5-5-70 201	45 00	
OPV	OUT PATIENT VISIT DATE: 202		
OBD	OB DELIVERY 203		
NB PHY	NEW BORN PHYSICAL 204		
SUR	HOSPITAL SURGERY 205		
SA	SURGICAL ASSISTANT 206		
ANES	ANESTHETIST 207		

HSE	HOUSE CALL DATE: 208		
CSN	CONSULTATION WITH DR.: 209		
MISC	MISCELLANEOUS: 210		
9243[illegible]	Surgeon [illegible]		
	TOTAL INVOICE AMOUNT	45	00

7

FAIRBANKS MEDICAL & SURGICAL CLINIC

P.O. BOX 1330 – FAIRBANKS ALASKA 99701
PHONE: 452-2127

(DATE & TIME STAMP HERE) 5-5-70

TO SEE DR.: Myers 42

REFER TO DR.: V

INVOICE NO. H 17360

INSURANCE ☐ COMP ☐ MEDICARE NO
P.W. ☐ ☐

YOUR ACCOUNT NO. 24 [illegible]-1 SUB NO.

PLEASE SHOW YOUR NEW OR CORRECT MAILING ADDRESS BELOW!

NEW ADDRESS HERE

PATIENT: Commison, Michael D.
BILL TO: 1103 Central (to self)
MAILING ADDRESS CITY & STATE: City

HOSPITAL SERVICES RENDERED BY PHYSICIAN

HA	HOSPITAL ADMITTANCE DATE: 200		
HV	FROM / TO HOSPITAL VISITS 201		
PV	OUT PATIENT VISIT DATE: 5-2-70 90530 202	18 00	
OBD	OB DELIVERY 203		
NBY	NEW BORN PHYSICAL 204		
SR	HOSPITAL SURGERY 205		
A	SURGICAL ASSISTANT 206		
ES	ANESTHETIST 207		

HSE	HOUSE CALL DATE: 208		
CSN	CONSULTATION WITH DR.: 209		
MISC	MISCELLANEOUS: 210		
	E.R. exam and advised Dry to both knees		

TOTAL INVOICE AMOUNT 18 00

(DATE & TIME STAMP HERE)

SEE R.: *Streatimo*

FER D DR.:

FAIRBANKS MEDICAL & SURGICAL CLINIC

P.O. BOX 1330 — FAIRBANKS, ALASKA 99701
PHONE 452-2127

INVOICE NO. H 10636

INSURANCE ☐ COMP ☐ MED CARE NO.

P.W. ☐ ☐

YOUR ACCOUNT NO. [illegible] SUB NO.

PLEASE SHOW YOUR NEW OR CORRECT MAILING ADDRESS BELOW

NEW ADDRESS HERE

PATIENT: *Cameron, Michael D.*

BILL TO: *self*

MAILING ADDRESS CITY & STATE: *1663 Central ave Fairbanks Alaska*

HOSPITAL SERVICES RENDERED BY PHYSICIAN

HA	HOSPITAL ADMITTANCE DATE:	FROM *4/21/70* TO *4/25*	*200*	*35.00*
HOV	HOSPITAL VISITS	*4/22/70 to 4/25*	201	*80.00*
OPV	OUT PATIENT VISIT	DATE:	202	
OBD	OB DELIVERY		203	
NB PHY	NEW BORN PHYSICAL		204	
SUR	HOSPITAL SURGERY		205	
SA	SURGICAL ASSISTANT		206	
ANES	ANESTHETIST		207	

HSE	HOUSE CALL DATE:	208
CSN	CONSULTATION WITH DR.:	209
MISC	MISCELLANEOUS:	210
	Disch. 4/25/70	

TOTAL INVOICE AMOUNT *115.00*

7

TO SEE DR. Strastome

REFER TO DR:

FAIRBANKS MEDICAL & SURGICAL CLINIC
P.O. BOX 1330 — FAIRBANKS ALASKA 99701
PHONE 452 2127

(DATE & TIME STAMP HERE)

INVOICE NO. H 16861

INSURANCE ☐ ☐ MEDICARE NO.
P.W. ☐ ☐

YOUR ACCOUNT NO. [illegible] SUB NO.

PLEASE SHOW YOUR NEW OR CORRECT MAILING ADDRESS BELOW

NEW ADDRESS HERE

PATIENT Cameron Michael D

BILL TO

MAILING ADDRESS CITY & STATE 16?3 Crestwood [illegible] Alaska

HOSPITAL SERVICES RENDERED BY PHYSICIAN

A	HOSPITAL ADMITTANCE DATE:	Lt. Midbury [illegible] & Care to [illegible] 4/5/70		
HV	HOSPITAL VISITS FROM 4/6/70 TO 4/10/70	201	100.00	
V	OUT PATIENT VISIT DATE:	202		
D	OB DELIVERY	203		
BY	NEW BORN PHYSICAL	204		
R	HOSPITAL SURGERY	205		
	SURGICAL ASSISTANT	206		
S	ANESTHETIST	207		

HSE	HOUSE CALL DATE:	208	
CSN	CONSULTATION WITH DR.:	209	
MISC	MISCELLANEOUS:	210	

TOTAL INVOICE AMOUNT

FAIRBANKS MEDICAL & SURGICAL CLINIC

P.O. BOX 1330 — FAIRBANKS, ALASKA 99701
PHONE: 452-2127

DATE: 4-17-70

TO SEE DR.: Waikup

REFER TO DR.:

INVOICE NO.

INSURANCE ☐ WORK COMP ☐ MEDICARE NO

P. W. NO.

YOUR ACCOUNT NO. 132345 SUB NO.

PATIENT	Cameron, Michael D 57
BILL TO	self
MAILING ADDRESS CITY & STATE	1603 Central
	Fbks

PHYSICIAN	FEE	X-RAY DEPT.	FEE
OFFICE VISIT FIRST SPEC PRO	20.00	CHEST	16.00
		SPINE - CERVICAL	
		DORSAL - LUMBAR	
		LUMBO - SACRAL	
		ARM	
DRESSING		LEG	
OB VISIT FIRST SPEC PRO			
OFFICE SURGERY			
CAST			
PHYSICAL EXAMS		FACIAL	
		SINUS	
		MASTOID	
CONSULTATION			
OPHTHALMOLOGICAL EXAM		SPECIFY OTHER	
OTHER TREATMENT			
SUPPLIES USED:			

MISCELLANEOUS	FEE
ELECTROCARDIOGRAM	
AUDIOGRAM	
BENNETT MACHINE	

LABORATORY ☐ STAT

TEST	FEE	TEST	FEE
		GRAM STAIN	
		WET PREP	
		FUNG	
SED RATE		SPUTUM	
HGB & HCT		STOOL	
WBC & DIFF		LE PREP	
PRO TIME		GASTRIC	
FBS		PAP	
		BSP	
		THYMOL	
		HETEROPHILE	
		RH TITER	
GLUC TOL		RF	
BUN		ASO TITER	
CEPHALIN FLOC		PKU	
		SPECIFY OTHER	
CREATININE			

PHYSICAL THERAPY	
EXERCISE	
HEAT	
WHIRLPOOL	
ULTRASOUND	
TRACTION	
AMBULATION	
SPECIFY OTHER	

SUNDRY & ADJUSTMENTS	AMOUNT
TOTAL INVOICE AMOUNT:	
OTHER CHARGES:	
CREDITS:	
NET INVOICE AMOUNT	36.00

TO SEE DR. Halcrow

REFER TO DR:

FAIRBANKS MEDICAL & SURGICAL CLINIC

P.O. BOX 1339 — FAIRBANKS ALASKA 99701
PHONE 452 2127

(DATE & TIME STAMP HERE)

INVOICE NO. H 16835

INSURANCE ☐ BCBS ☐ MEDICARE NO ☐☐☐☐☐☐☐☐☐☐

D.P.W. ☐ ☐

YOUR ACCOUNT NO. [illegible] SUB NO. ☐☐☐

PLEASE SHOW YOUR NEW OR CORRECT MAILING ADDRESS BELOW:

NEW ADDRESS HERE

PATIENT Emmons, Michael D.

BILL TO Self

MAILING ADDRESS CITY & STATE 1603 Central Ave, Fbks

HOSPITAL SERVICES RENDERED BY PHYSICIAN

HA	HOSPITAL ADMITTANCE DATE: 3-21-76 FROM TO	200	50.00	Comp and exam
HOV	HOSPITAL VISITS 3-21-76 to 4/5/76	201	225.00	
DPV	OUT PATIENT VISIT DATE:	202		
OBD	OB DELIVERY	203		
NB PHY	NEW BORN PHYSICAL	204		
SUR	HOSPITAL SURGERY	205		Circ
SA	SURGICAL ASSISTANT	206		
ANES	ANESTHETIST	207		

HSE	HOUSE CALL DATE:	208
CSN	CONSULTATION WITH DR.:	209
MISC	MISCELLANEOUS:	210

TOTAL INVOICE AMOUNT 275.00

E Dieksheit

FAIRBANKS MEDICAL & SURGICAL CLINIC

P.O. BOX 1333 – FAIRBANKS, ALASKA 99701
PHONE 452-2127

DATE & TIME STAMP HERE
3-31-70

INVOICE NO H 15498

DR

INSURANCE ☐ BLUE CROSS ☐ MEDICARE NO

W. ☐ ☐

YOUR ACCOUNT NO. 23545 SUB NO.

PLEASE SHOW YOUR NEW OR CORRECT MAILING ADDRESS BELOW:

NEW ADDRESS HERE

PATIENT Connie Miller

BILL TO Self

MAILING ADDRESS FOR BILL 1603 Central

HOSPITAL SERVICES RENDERED BY PHYSICIAN

HA	HOSPITAL ADMITTANCE DATE:	200	
	FROM TO		
HOV	HOSPITAL VISITS	201	
OPV	OUT PATIENT VISIT DATE:	202	
OBD	OB DELIVERY	203	
NB PHY	NEW BORN PHYSICAL	204	
SUR	HOSPITAL SURGERY	205	
SA	SURGICAL ASSISTANT	206	
ANES	ANESTHETIST	207	

HSE	HOUSE CALL DATE:	208	
CSN	CONSULTATION WITH DR.: 3-26-70	209	50 –
MISC	MISCELLANEOUS:	210	
	Rt. contusion, allergic conjunctivitis		
	TOTAL INVOICE AMOUNT		5 00

7

FAIRBANKS MEDICAL & SURGICAL CLINIC
P.O. BOX 1330 — FAIRBANKS ALASKA 99701
PHONE 452-2127

DATE: 3-21-7[illegible]

TO SEE DR. Mackey

REFER TO DR.

INVOICE NO.

INSURANCE ☐ WORK/COMP ☐ MEDICARE NO

D. P. W. NO.

YOUR ACCOUNT NO. 1202[illegible] SUB NO.

PATIENT [illegible]

BILL TO Self

MAILING ADDRESS CITY & STATE

1603 - [illegible], Fbks

PHYSICIAN	FEE	X-RAY DEPT.	FEE
OFFICE VISIT		[illegible]	
INJECTION [illegible]	5 50	SPINE, CERVICAL	
		DORSAL LUMBAR	
		LUMBO SACRAL	
DRESSING			
OB VISIT			
OFFICE SURGERY			
CAST			
PHYSICAL EXAMS			
CONSULTATION		MAMMOGRAM	
OPHTHALMOLOGICAL EXAM		SPECIFY OTHER	
OTHER TREATMENT			
SUPPLIES USED			

MISCELLANEOUS	FEE
ELECTROCARDIOGRAM	
AUDIOGRAM	
BENNETT MACHINE	

LABORATORY ☐ STAT

TEST	FEE	TEST	FEE
[illegible]		GRAM STAIN	
UA		WET PREP	
CBC		FUNGI	
SED RATE		SPUTUM	
HGB & HCT		STOOL	
WBC & DIFF		PE PREP	
[illegible]		GASTRIC	
[illegible]		PAP	
[illegible]		ESP	
[illegible]		THYROID	
[illegible]		HETEROPHILE	
[illegible]		RH TITER	
[illegible]		PBI	
[illegible]		ABO TITER	
CEPHALOCC		PKU	
LATEX		OB LAP	
[illegible]		SPECIFY OTHER	
CREATININE			

PHYSICAL THERAPY

EXERCISE	
HEAT	
WHIRLPOOL	
ULTRASOUND	
TRACTION	
AMBULATION	
SPECIFY OTHER	

SUNDRY & ADJUSTMENTS	AMOUNT
TOTAL INVOICE AMOUNT:	
OTHER CHARGES:	
CREDITS:	
NET INVOICE AMOUNT	5 50

FAIRBANKS MEDICAL & SURGICAL CLINIC
P.O. BOX 1330 — FAIRBANKS, ALASKA 99701
PHONE 452-2127

DATE: 3-18-70

D SEE DR. Straatsma

REFER D DR.

INVOICE NO.

INSURANCE ☐ WORK COMP ☐ MEDICARE NO

P. W. NO.

YOUR ACCOUNT NO. 132345 SUB NO.

PATIENT: Cameron, Michael

BILL TO: Self

MAILING ADDRESS CITY & STATE: 1603 Central Ave. City

PHYSICIAN	FEE	X-RAY DEPT.	FEE
OFFICE VISIT FIRST SPEC FEO		CHEST	
INJECTION		SPINE: CERVICAL	
		DORSAL LUMBAR	
		LUMBO SACRAL	
DRESSING			
VISIT FIRST SPEC			
OFFICE SURGERY			
CAST			
PHYSICAL EXAMS			
CONSULTATION			
OPHTHALMOLOGICAL			
TREATMENT			
SUPPLIES USED			

MISCELLANEOUS	FEE
ELECTROCARDIOGRAM	
AUDIOGRAM	
BENNETT MACHINE	

LABORATORY ☐ STAT

TEST	FEE	TEST	FEE
		GRAM STAIN	
[illegible]	7.50	WET PREP	
[illegible]	5.00	FUNG	
		SPUTUM	
		STOOL	
WBC & DIFF		LE PREP	
PRO TIME		GASTRIC	
FBS		PAP	
		BSP	
URIC ACID		THYMOL	
CHOL		HETEROPHILE	
BUN		RH TITER	
GLUC TOL			
BILIRUBIN		ASO TITER	
CEPH FLOCC		PBJ	
		OTHER BLOOD CULTURES	22.00
CREATININE			

PHYSICAL THERAPY: EXERCISE, HEAT, WHIRLPOOL, ULTRASOUND, TRACTION, AMBULATION, SPECIFY OTHER

SUNDRY & ADJUSTMENTS	AMOUNT
TOTAL INVOICE AMOUNT:	
OTHER CHARGES:	
CREDITS:	
NET INVOICE AMOUNT	34.40

7

TO SEE DR. Steadman

FAIRBANKS MEDICAL & SURGICAL CLINIC

P.O. BOX 1330 — FAIRBANKS, ALASKA 99701
PHONE 452-2127

DATE: 3-17-70

REFER TO DR.

INVOICE NO.

INSURANCE ☐ WORK/COMP ☐ MEDICARE NO.

D. P. W. NO.

YOUR ACCOUNT NO. 132345 SUB NO. 9

PATIENT: Cameron, Michael D.

BILL TO: Self

MAILING ADDRESS CITY & STATE: 1603 - Central 9th

PHYSICIAN	FEE
OFFICE VISIT: FIRST / SEC / REG	10
INJECTION:	
DRESSING	
JOB VISIT: FIRST / SEC / REG	
OFFICE SURGERY	
CAST:	
PHYSICAL EXAMS:	
CONSULTATION	
OPHTHALMOLOGICAL EXAM	
OTHER TREATMENT	
SUPPLIES USED:	

X-RAY DEPT.	FEE
CHEST	9.40
SPINE: CERVICAL	
DORSAL LUMBAR	
LUMBO-SACRAL	
12.00	
MAMMOGRAM	
SPECIFY OTHER	

MISCELLANEOUS	FEE
ELECTROCARDIOGRAM	
AUDIOGRAM	
BENNETT MACHINE	

LABORATORY ☐ STAT

TEST	FEE	TEST	FEE
[illegible]	4.80	GRAM STAIN	
		WET PREP	
		FUNG	
SED RATE		SPUTUM	
		STOOL	
		LE PREP	
		GASTRIC	
		PAP	
		BSP	
		THYMOL	
		HETEROPHILE	
		RH TITER	
		RA	
		ASO TITER	
		PKU	
		[illegible] C.S.	
		SPECIFY OTHER: CULTURE	6.40

PHYSICAL THERAPY	
EXERCISE	
HEAT	
WHIRLPOOL	
ULTRASOUND	
TRACTION	
AMBULATION	
SPECIFY OTHER	

SUNDRY & ADJUSTMENTS	AMOUNT
TOTAL INVOICE AMOUNT:	
OTHER CHARGES:	
CREDITS:	
NET INVOICE AMOUNT	55.20

TO SEE DR. Haaclema

REFER TO DR.

FAIRBANKS MEDICAL & SURGICAL CLINIC

P.O. BOX 1330 — FAIRBANKS ALASKA 99701
PHONE 452-2127

DATE: 3-12-70

INVOICE NO. 42044

INSURANCE ☐ WORK. COMP ☐ MEDICARE NO.

D. P. W. NO.

YOUR ACCOUNT NO. 132345 SUB NO.

PATIENT: Cameron, Micheal D.

BILL TO: Self

MAILING ADDRESS CITY & STATE: 1603 Central
City

PHYSICIAN	FEE
OFFICE VISIT: FIRST / SPEC / REG	15 —
INJECTION	
DRESSING	
HOSP. VISIT: FIRST / SPEC / REG	
OFFICE SURGERY	
REST: USE OF MINOR SURGERY / USE OF RECOVERY ROOM	
PHYSICAL EXAMS: TEACHER / STUDENT / FAA / RED ELEC / PRE-EMP / LIFE INS / TEAMSTER / ANNUAL / IF OTHER SPECIFY	
CONSULTATION	
OPHTHALMOLOGICAL EXAM	
OTHER TREATMENT	
SUPPLIES USED	

X-RAY DEPT.	FEE
CHEST	
SPINE: CERVICAL	
DORSAL LUMBAR	
LUMBO SACRAL	
ARM	
LEG	
G.I.	
G.B.	
I.V.P.	
SKULL	
FACIAL	
SINUS	
MASTOID	
PELVIS	
KUB	
MAMMOGRAM	
SPECIFY OTHERS	

MISCELLANEOUS	FEE
ELECTROCARDIOGRAM	
AUDIOGRAM	
BENNETT MACHINE	

LABORATORY ☐ STAT

TEST	FEE	TEST	FEE
CBC		GRAM STAIN	
UA		WET PREP	
CBC		FUNGI	
SED. RATE		SPUTUM	
HGB & HCT		STOOL	
WBC & DIFF		LE PREP	
PRO. TIME		GASTRIC	
FBS		PAP	
		PSP	
URIC ACID		THYMOL	
CHOL		HETEROPHILE	
BUN			
GLUC. TOL.		RH	
BILIRUBIN		ASO TITER	
CEPHALIN			
		CRP	
		SPECIFY OTHER	

PHYSICAL THERAPY	
EXERCISE	
HEAT	
WHIRLPOOL	
ULTRASOUND	
TRACTION	
AMBULATION	
SPECIFY OTHER	

SUNDRY & ADJUSTMENTS	AMOUNT
TOTAL INVOICE AMOUNT:	
OTHER CHARGES:	
CREDITS:	
NET INVOICE AMOUNT	15 00

7

FAIRBANKS MEDICAL & SURGICAL CLINIC

P.O. BOX 1330 – FAIRBANKS ALASKA 99701
PHONE 452-2127

(DATE & TIME STAMP HERE) 3-2-70 ~~2-28-70~~

SEE Strantonn
FER DR:

INVOICE NO. H 19718

SURANCE ☐ COMP ☐ MEDICARE NO ☐☐☐☐☐☐☐☐☐☐
W. ☐ ☐

YOUR ACCOUNT NO. ☐☐☐☐☐ SUB NO. ☐☐☐

PLEASE SHOW YOUR NEW OR CORRECT MAILING ADDRESS BELOW

NEW ADDRESS HERE

PATIENT	Cameron Michael J
BILL TO	Self
MAILING ADDRESS CITY & STATE	1163 Garfield Ave
	Fbks

HOSPITAL SERVICES RENDERED BY PHYSICIAN

A	HOSPITAL ADMITTANCE DATE: 2-19-70 #40520	200	30	00
	FROM TO			
DV	HOSPITAL VISITS 2-19-70 – 2-28-70	201	180	00
PV	OUT PATIENT VISIT DATE:	202		
OBD	OB DELIVERY	203		
NB PHY	NEW BORN PHYSICAL	204		
SUR	HOSPITAL SURGERY	205		
SA	SURGICAL ASSISTANT	206		
FES	ANESTHETIST	207		

HSE	HOUSE CALL DATE	208	
CSN	CONSULTATION WITH DR:	209	
MISC	MISCELLANEOUS:	210	
	Smith – 2-28-70		

TOTAL INVOICE AMOUNT 210.00

TO SEE DR. Dubsket 12

REFER TO DR:

FAIRBANKS MEDICAL & SURGICAL CLINIC

P.O. BOX 1320 – FAIRBANKS, ALASKA 99701
PHONE 452 2127

(DATE & TIME STAMP HERE)

INVOICE NO. H 16587

5-19-70

INSURANCE ☐ WORK COMP ☐ MEDICARE NO.

D.P.W. ☐

YOUR ACCOUNT NO. 0133345-1 SUB NO.

PLEASE SHOW YOUR NEW OR CORRECT MAILING ADDRESS BELOW

NEW ADDRESS HERE

PATIENT: Cameron, Michael

BILL TO: self

MAILING ADDRESS CITY & STATE: 1603 Central

HOSPITAL SERVICES RENDERED BY PHYSICIAN

HA	HOSPITAL ADMITTANCE DATE:	200		
HOV	HOSPITAL VISITS FROM - TO	201		
DPV	OUT-PATIENT VISIT DATE:	202		
OBD	OB DELIVERY	203		
NB PHY	NEW BORN PHYSICAL	204		
SUR	HOSPITAL SURGERY 5-15	205	630	—
SA	SURGICAL ASSISTANT	206		
ANES	ANESTHETIST	207		

HSE	HOUSE CALL DATE:	208		
CSN	CONSULTATION WITH DR.:	209		
MISC	MISCELLANEOUS:	210		
	Cystoscopia #67300			
	Resection - Pt			
	lateral rectal			

TOTAL INVOICE AMOUNT 630.00

SEE Straatsma

FAIRBANKS MEDICAL & SURGICAL CLI[illegible]
P O [illegible] 1330 — FAIRBANKS ALASKA 99701
PHONE 452 2127

(DATE & TIME STAMP HERE)

ER DR:

INVOICE NO 19648

2-1-70

URANCE [ ] COMP [ ] MEDICARE NO

W.

YOUR ACCOUNT NO. 13-2345

PLEASE SHOW YOUR NEW OR CORRECT MAILING ADDRESS BELOW

NEW ADDRESS HERE

PATIENT Cameron, Mich[illegible] D.

BILL TO Self

MAILING ADDRESS CITY & STATE 1603 - [illegible]

HOSPITAL SERVICES RENDERED BY PHYSICIAN

HA	HOSPITAL ADMITTANCE DATE:		
	HOSPITAL VISITS FROM 1-22-70 TO 2-1-70	Credit	200.00
PV	OUT PATIENT VISIT DATE:		
BD	OB DELIVERY	203	
NB HY	NEW BORN PHYSICAL	204	
UR	HOSPITAL SURGERY	205	
A	SURGICAL ASSISTANT	206	
ES	ANESTHETIST	207	

HSE	HOUSE CALL DATE:	208	
CSN	CONSULTATION WITH DR.:	209	
MISC	MISCELLANEOUS:	210	
	Readmit by Dr. [illegible] (Bisher)		
	1-22-70 - Re-evaluation after transfer	Credit	40.00
	#90275		
	Died 2-1-70		

TOTAL INVOICE AMOUNT (240.00)

Credit

FAIRBANKS MEDICAL & SURGICAL CLINIC

FOUNDED IN 1932
522 FIFTH AVENUE P.O. BOX 1330 FAIRBANKS, ALASKA 99701 452-2127

IN ACCOUNT WITH: Chester Spikes ACCOUNT NO. 4-841590 OCT. 20, 1972

Date	Doctor	Service	Charge	Credit	Balance
1/4/71	Townsend	Lab - Blood Count	9.60		
		Lab - Urea Nitrogen	8.80		
1/5/71	Townsend	Lab - Urinalysis	4.80		
10/19/71	Townsend	Lab - Urinalysis	4.80		$28.00

Finance Charges 5/20/71 thru 9/20/72: $3.39

not paid as of 1/10/73

TO SEE DR. Hamel

REFER TO DR.

FAIRBANKS MEDICAL & SURGICAL CLINIC

P.O. BOX 1330 — FAIRBANKS, ALASKA 99701
PHONE: 452-2127

DATE: 3·10·70

INVOICE NO.

INSURANCE ☐ WORK/COMP ☐ MEDICARE NO.

D. P. W. NO.

YOUR ACCOUNT NO. 09432 SUB NO.

PATIENT Bradford, Linda

BILL TO Wm L Bradford

MAILING ADDRESS CITY & STATE 2-0-4 Fairview Ct City

PHYSICIAN	FEE
OFFICE VISIT: FIRST SPEC. REG.	10⁰⁰
INJECTION:	
DRESSING:	
OB VISIT: FIRST SPEC. REG.	
OFFICE SURGERY	
CAST:	
☐ USE OF MINOR SURGERY ☐ USE OF RECOVERY ROOM	
PHYSICAL EXAMS: TEACHER STUDENT FAA FED ELEC PRE-EMP LIFE INS. TEAMSTER ANNUAL IF OTHER SPECIFY:	
CONSULTATION:	
OPHTHALMOLOGICAL EXAM:	
OTHER TREATMENT:	
SUPPLIES USED:	

X-RAY DEPT.	FEE
CHEST	
SPINE: CERVICAL:	
DORSAL: LUMBAR:	
LUMBO - SACRAL:	
ARM	
LEG	
G.I.	
B.E.	
GB	
IVP	
SKULL	
FACIAL	
SINUS	
MASTOID	
PELVIS	
RIBS	
MAMMOGRAM	
SPECIFY OTHER:	

MISCELLANEOUS	FEE
ELECTROCARDIOGRAM	
AUDIOGRAM	
BENNETT MACHINE	

LABORATORY ☐ STAT

TEST	FEE	TEST	FEE
UCG		GRAM STAIN	
		WET PREP	
CBC		FUNG	
SED RATE		SPUTUM	
HGB & HCT		STOOL	
WBC & DIFF		LE PREP	
PRO TIME		GASTRIC	
FBS		PAP	
P.B.I.		BSP	
URIC ACID		THYMOL	
CHOL.		HETEROPHILE	
BUN.		RH TITER	
GLUC. TOL.		PIT	
BILIRUBIN		ASO TITER	
CEPHFLOCC		PKU	
LATEX		OB LAB	
TYPE & RH		SPECIFY OTHER	
TISSUE			
CREATININE			
ET-3		PHYSICAL THERAPY	
ICTERUS INDEX		EXERCISE	
SGP-T		HEAT	
P.S.P.		WHIRLPOOL	
T.D.H.		ULTRASOUND	
SGO-T		TRACTION	
		AMBULATION	
CULTURE		SPECIFY OTHER	
SENS			

SUNDRY & ADJUSTMENTS	AMOUNT
TOTAL INVOICE AMOUNT:	
OTHER CHARGES:	
CREDITS:	
NET INVOICE AMOUNT	

See A 53-72

TO DR. | INVOICE NO. | 3-12-70

INSURANCE ☐ WORK/COMP ☐ MEDICARE NO.

D. P. W. NO.

YOUR ACCOUNT NO. 09320 SUB NO.

PATIENT Bradford, Linda

BILL TO Self

MAILING ADDRESS CITY & STATE 2-D-1 Fairview Manor City

PHYSICIAN	FEE
OFFICE VISIT. FIRST SPEC. REG.	N.C.
INJECTION:	
DRESSING:	
OB VISIT: FIRST SPEC. REG.	
OFFICE SURGERY	
CAST:	
USE OF MINOR SURGERY ☐ USE OF RECOVERY ROOM ☐	
PHYSICAL EXAMS: TEACHER ☐ STUDENT ☐ FAA ☐ FED ELEC ☐ PRE-EMP ☐ LIFE INS. ☐ TEAMSTER ☐ ANNUAL ☐ IF OTHER SPECIFY:	
CONSULTATION:	
OPHTHALMOLOGICAL EXAM:	
OTHER TREATMENT:	
SUPPLIES USED:	

X-RAY DEPT.	FEE
CHEST	
SPINE: CERVICAL: DORSAL: LUMBAR: LUMBO - SACRAL:	
ARM	
LEG	
G.I.	
B.E.	
GB	
IVP	
SKULL	
FACIAL	
SINUS	
MASTOID	
PELVIS	
RIBS	
MAMMOGRAM	
SPECIFY OTHER:	

MISCELLANEOUS	FEE
ELECTROCARDIOGRAM	
AUDIOGRAM	
BENNETT MACHINE	

LABORATORY ☐ STAT

TEST	FEE	TEST	FEE
UCG		GRAM STAIN	
UA		WET PREP	
CBC		FUNG	
SED RATE		SPUTUM	
HGB & HCT	5	STOOL	
WBC & DIFF.		LE PREP	
PRO TIME		GASTRIC	
FBS		PAP	
P.B.I.		BSP	
URIC ACID		THYMOL	
CHOL.		HETEROPHILE	
BUN.		RH TITER	
GLUC. TOL.		PTT	
BILIRUBIN		ASO TITER	
CEPHFLOCC		PKU	
LATEX		OB LAB	
TYPE & RH		SPECIFY OTHER	
TISSUE			
CREATININE			
ET-3		PHYSICAL THERAPY	
ICTERUS INDEX		EXERCISE	
SGP-T		HEAT	
P.S.P.		WHIRLPOOL	
L.D.H.		ULTRASOUND	
SGO-T		TRACTION	
VDRL		AMBULATION	
CULTURE		SPECIFY OTHER	
SENS			

SUNDRY & ADJUSTMENTS	AMOUN
TOTAL INVOICE AMOUNT:	3 20
OTHER CHARGES:	
CREDITS:	
NET INVOICE AMOUNT	

See A-53-72

DIVISION OF PUBLIC WELFARE

JUN 01 1972

DIVISION OF PUBLIC WELFARE

APR 14 1972

DISTRICT OFFICE

APR 05 1972

Needs legislative approval

6/7/72 — CMD

TO DR.: | INVOICE NO. | 4-7-70

INSURANCE ☐ WORK/COMP ☐ MEDICARE NO.

D. P.W. NO.

YOUR ACCOUNT NO. 094320 SUB NO.

PATIENT: Bradford, Linda

BILL TO: self

MAILING ADDRESS CITY & STATE: 3-D-4- Fairview

PHYSICIAN	FEE
OFFICE VISIT: FIRST / SPEC. / REG.	5.00
INJECTION:	
DRESSING:	
OB VISIT: FIRST / SPEC. / REG.	
OFFICE SURGERY	
CAST:	
USE OF MINOR SURGERY / USE OF RECOVERY ROOM	
PHYSICAL EXAMS: TEACHER / STUDENT / FAA / FED ELEC / PRE-EMP / LIFE INS. / TEAMSTER / ANNUAL / IF OTHER SPECIFY:	
CONSULTATION:	
OPHTHALMOLOGICAL EXAM:	
OTHER TREATMENT:	
SUPPLIES USED:	

X-RAY DEPT.	FEE
CHEST	
SPINE: CERVICAL:	
DORSAL: LUMBAR:	
LUMBO - SACRAL:	
ARM	
LEG	
G.I.	
B.E.	
GB	
IVP	
SKULL	
FACIAL	
SINUS	
MASTOID	
PELVIS	
RIBS	
MAMMOGRAM	
SPECIFY OTHER:	

MISCELLANEOUS	FEE
ELECTROCARDIOGRAM	
AUDIOGRAM	
BENNETT MACHINE	

LABORATORY ☐ STAT

TEST	FEE	TEST	FEE
UCG		GRAM STAIN	
UA		WET PREP	
CBC		FUNG	
SED RATE		SPUTUM	
HGB & HCT		STOOL	
WBC & DIFF		LE PREP	
PRO TIME		GASTRIC	
FBS		PAP	
P.B.I.		BSP	
URIC ACID		THYMOL	
CHOL.		HETEROPHILE	
BUN.		RH TITER	
GLUC. TOL.		PTT	
BILIRUBIN		ASO TITER	
CEPHFLOCC		PKU	
LATEX		OB LAB	
TYPE & RH		SPECIFY OTHER	
TISSUE			
CREATININE			

TEST	FEE	PHYSICAL THERAPY	FEE
ET- 3		EXERCISE	
ICTERUS INDEX		HEAT	
SGP-T		WHIRLPOOL	
P.S.P.		ULTRASOUND	
L.D.H.		TRACTION	
SGO-T		AMBULATION	
VDRL		SPECIFY OTHER	
CULTURE			
SENS			

SUNDRY & ADJUSTMENTS	AMOUNT
TOTAL INVOICE AMOUNT:	
OTHER CHARGES:	
CREDITS:	
NET INVOICE AMOUNT	

Needs legislative approval 5-3-72

6/7/72 — CHD

JUN 3 1972

DIVISION OF PUBLIC WELFARE

JUN 1 4 1972

FAIRBANKS MEDICAL & SURGICAL CLINIC

NEW	NEW FAMILY MEMBER	NEW ADDRESS	ORIGINATOR
			23

PATIENT: Bradford Lisa.

BILL TO: Linda.

MAILING ADDRESS: 2-D-4 Fairview Manor FBKS, AK.

ACCOUNT NO.		DATE
094320	3	5-19-72

DOCTOR	CODE
[illegible signature]	06

INS.	COMP	DPW	ANHS
X			

MEDICARE NO. STAT.

Office Visits New

Code	Service	Fee
90000	Brief HET	20.
90010	Limited H PET	30.
90011	Ins. Exam	
90015	Inter H PET	50.
90020	Compr. H PET	70.
99702	Employment Exam	

Office Visits EST. PTS.

Code	Service	Fee
90040	Brief ET	12. X
90050	Limited EET	16.
90060	Inter EET	20.
90070	Ext ReExam	30.
90080	Compr ReExam	50.
90084	Compr Infant E.	20.
90088	Periodic Exam	40.
90600	Limited Exam	30.
90610	Extensive Exam	50.
90620	Compr HE Ev	70.
90630	Complex	
59400	Obstetrical Care	
45300	Proctosigmoid	27.
	Cast	
	Surgery	

Eye

Code	Service	Fee
92001	Eye Exam w/Ref	
92080	Vis. Fields	
92100	Tonometry	
92300	Contact Lens	

Psychiatric Services

Code	Service	Fee
90800	50 min. Psychotherapy	50.
90801	25 min. Psychotherapy	30.
90700	Immun	6.
90705	Inj.	6.
93000	EKG	30.
93020	EKG Masters	50.
92500	Audiogram	10.
99070	Supplies - Mat.	

X-Rays

Code	Service	Fee
74240	UGI	56.
74270	B.E.	48.
72170	Pelvis	20.
71100	Ribs, Uni	25.3
73030	Shoulder	24.
70220	Sinus	35.2
70150	Facial	40.
74420	RetroPyelogram	48.
73070	Elbow	19.2
73090	Forearm	19.2
73110	Wrist (com)	24.
73510	Hip (Com)	28.
73540	Hip & Pelvic	25.6
73560	Knee	17.6
73590	Tibia-Fibula	19.2
73610	Ankle (Comp)	24.
73620	Foot	16.
73550	Femur	24.
73120	Hand	16.
73140	Fingers	14.4
73650	OS Calcis	17.6
73660	Toes	14.4
74220	Esophagus	35.2
74290	G.B.	28.4
74400	IVP	60.8
70260	Skull	48.
71010	Chest 1V (circled)	16.
71020	Chest 2V	24.
72040	Spine, Cerv.	24.
72070	Spine, Chor	25.
72100	Spine, Lumb Ltd	25.

16629

Lab

Code	Service	Fee
81000	Urinalysis	4.8
82250	Bilirubin	9.6
82465	Cholesterol	8.8
82565	Creatinine	8.
83160	UCG	13.6
83420	PBI	6.4
83615	LDH	8.
84330	Glucose	8.
84340	Gluc Tol	24.
84455	SGO T	8.
84520	BUN	8.8
84550	Uric Acid	8.
84390	BSP	12.8
84440	Thymol	8.
84040	PKU	4.
82385	Ceph Floc	8.
	Gastric	
83520	Icterus-Index	6.4
85010	Blood Count	9.6
85610	ProTime	6.4
85650	Sed Rate	5.6
85050-85055	HGB-HCT	6.4
85030-85040	WBC-DIFF	6.4
85730	PTT	12.
86300	Heterophile	8.
86360	Latex (slide)	6.
86355	LE Prep	8.
86410	VDRL	4.8

Lab

Code	Service	Fee
87000	Gram Stain	8.
86300	Mono Test	8.
86025	RH Titre	8.
86060	ASO Titre	8.
87080	Culture — Strept	6.4 X
87085	Sensitivity	13.6
88100	Pap Smear	12.
86080-86100	Type & RH	9.6
87010	Fung Prep	8.
87100	Sputum	24.
89120	Stool	8.
39450	OB Lab	15.
87010	Wet Prep	8.
88310	Tissue	24.
85580	Platelet Count	5.6
85000	Bleeding/Coag Time	5.6
85640	Reticulocyte Count	5.6
85060	Hemogram	3.2
85100	Bone Marrow	56.
84465	SGP-T	8.
83440	T3/T4	8.
84060	Acid Phosphat.	9.6
84075	Alkaline Phos.	9.6
84140	Potassium	9.6
84165	Protein Electro.	24.
82150	Amylase	12.
84295	Sodium	9.6
99000	Handling Fee	

Physical Therapy

5-3-72

Code	Service	Fee
97001	Heat	
97002	Medco-Sonlator	
97003	Exercise	
97004	Whirlpool	
97005	Theramatic	
97006	Ambulation	
97007	Traction	
9700	Para.	
97009	Col Pac	
97010	Ultra Sound	5.
97000	1 Modalitie	12.
97050	2 Modalities	13.
97200	3 Modalities	16.
97201	4 Modalities	31.
97740	1 Hr. exercise	24.

DESCRIPTION	CODE	CHARGE	DESCRIPTION	CODE	CHARGE
Needs legislative approval					
6/7/72 - C.N.D.					

Total: 34 40

FAIRBANKS MEDICAL & SURGICAL CLINIC

NEW	NEW MEMBER	NEW ADDRESS	ORIGINATOR
			D

PATIENT: Bradford, Linda
Linda
BILL TO:
MAILING ADDRESS: 2.D. 4 Fairview Manor

ACCOUNT NO.	DATE
0094320 / /	6-13-71

DOCTOR	CODE
Hanek	11

INS.	COMP	DPW	ANHS

MEDICARE NO.	STAT.

Office Visits New

Code	Service	Fee
90000	Brief HET	20.
90010	Limited H PET	30.
90011	Ins. Exam	
90015	Inter H PET	50.
90020	Compr. H PET	70.
99702	Employment Exam	

Office Visits Est.

Code	Service	Fee
90040	Brief ET (circled)	~~12.~~ 10.
90050	Limited EET	16.
90060	Inter EET	20.
90070	Ext ReExam	30.
90080	Compr ReExam	50.
90084	Compr Infant E.	20.
90088	Periodic Exam	40.

[illegible]

Code	Service	Fee
90600	Limited Exam	30.
90610	Extensive Exam	50.
90620	Compr HE Ev	70.
90630	Complex	
59400	Obstetrical Care	

Surg.

Code	Service	Fee
45300	Proctosigmoid	27.
	Cast	
	Surgery	

Eye

Code	Service	Fee
92001	Eye Exam w/Ref	
92080	Vis. Fields	
92100	Tonometry	
92300	Contact Lens	

Psychiatric Services

Code	Service	Fee
90800	50 min. Psychotherapy	50.
90801	25 min. Psychotherapy	30.

[illegible]

Code	Service	Fee
90700	Immun ✓	6.
90705	Inj.	6.

[illegible]

Code	Service	Fee
93000	EKG	30.
93020	EKG Masters	50.
92500	Audiogram	10.
99070	Supplies - Mat.	

X-Ray

Code	Service	Fee
74240	UGI	56.
74270	B.E.	48.
72170	Pelvis	20.
71100	Ribs, Uni	28.8
73030	Shoulder	24.

X-Ray

Code	Service	Fee
70220	Sinus	35.2
70150	Facial	40.
74420	RetroPyelogram	48.
73070	Elbow	19.2
73090	Forearm	19.2
73110	Wrist (com)	24.
73510	Hip (Com)	28.
73540	Hip & Pelvic	25.6
73560	Knee	17.6
73590	Tibia-Fibula	19.2
73610	Ankle (Comp)	24.
73620	Foot	16.
73550	Femur	24.
73120	Hand	16.
73140	Fingers	14.4
73650	OS Calcis	17.6
73660	Toes	14.4
74220	Esophagus	35.2
74290	G.B.	38.4
74400	IVP	60.8
70260	Skull	48.
71010	Chest 1V	16.
71020	Chest 2V	24.
72040	Spine, Cerv.	24.
72070	Spine, Chor	28.
72100	Spine, Lumb Ltd	28.

Lab

Code	Service	Fee
81000	Urinalysis	4.8
82250	Bilirubin	9.6
82465	Cholesterol	8.8
82565	Creatinine	8.
	extra (entry scribbled out)	
83420	PBI	6.4
83615	LDH	8.
84330	Glucose	8.
84340	Gluc Tol	24.
84455	SGO T	8.
84520	BUN	8.8
84550	Uric Acid	8.
84390	BSP	12.8
84440	Thymol	8.
84040	PKU	4.
82385	Ceph Flocc	8.
	Gastric	
83520	Icterus-Index	6.4
85010	Blood Count	9.6
85610	ProTime	6.4
85650	Sed Rate	5.6
85050-85055	HGB-HCT	6.4
85030-85040	WBC-DIFF	6.4
85730	PTT	12.[illegible]
86300	Heterophile	8.
86360	Latex (slide)	6.
86355	LE Prep	8.
86410	VDRL	

Lab

Code	Service	Fee
87000	Gram Stain	8.
86300	Mono Test	8.
86025	RH Titre	8.
86060	ASO Titre	8.
87080	Culture	6.4
87085	Sensitivity	13.6
88100	Pap Smear	12.
86080-86100	Type & RH	9.6
87010	Fung Prep	8.
87100	Sputum	24.
89120	Stool	8.
89450	OB Lab	15.
87010	Wet Prep	8.
88310	Tissue	24.
85580	Platelet Count	5.6
85000	Bleeding/Coag Time	5.6
85640	Reticulocyte Count	5.6
85060	Hemogram	3.2
85100	Bone Marrow	56.
84465	SGP-T	8.
83440	T3/T4	8.
84060	Acid Phosphat.	9.6
84075	Alkaline Phos.	9.6
84140	Potassium	9.6
84165	Protein Electro.	24.
82150	Amylase	12.
84295	Sodium	9.6
99000	Handling Fee	

Physical Therapy

Code	Service	Fee
97001	Heat	
97002	Medco-Sonlator	
97003	Exercise	
97004	Whirlpool	
97005	Theramatic	
97006	Ambulation	
97007	Traction	
97008	Paraffin	

Code	Service	Fee
97009	Col Pac	
97010	Ultra Sound	5.
97000	1 Modalities	12.
97050	2 Modalities	13.
97200	3 Modalities	16.
97201	4 Modalities	31.
97740	1 Hr. exercise	24.

DESCRIPTION	CODE	CHARGE	DESCRIPTION	CODE	CHARGE

Acc A-5392

Needs legislative approval
6/7/72 - CNO

10.00

FAIRBANKS MEDICAL & SURGICAL CLINIC

P.O. BOX 1330 PHONE 452-2127 522 FIFTH AVE.
FAIRBANKS, ALASKA 99701

HOSPITAL ADMITTANCE DATE	HOSPITAL DISCHARGE DATE
4/29/70	4/29/70

NEW X | NEW FAMILY MEMBER | NEW ADDRESS | ORIGINATOR: P

RECEIPT NUMBER	DATE
07380201	4/30/70

DOCTOR	CODE
Sexton	39

NS | COMP | DPV | ANHS | MEDICARE NUMBER

PATIENT

Ratzlaff, Duane
Duane Ratzloff
7½ Mile, Steese Hway
Fbks; Alaska

EMERGENCY ROOM SERVICE NEW PATIENT			HOSPITAL VISITS NEW/EST PATIENTS						HOME VISITS		
90500 BRIEF EET	30.00		90200 INITIAL HOSPITAL CARE - BRIEF	30.00		90240 BRIEF EET ___ @ 12.00			90130 MINIMAL SERVICE	15.00	
90510 LIMITED EET	40.00		90215 INITIAL HOSPITAL CARE - INTER.	50.00		90250 LIMITED EET ___ @ 20.00			90140 BRIEF EET	20.00	
90515 INTER. EET	60.00		90220 INITIAL HOSPITAL CARE - COMP.	70.00		90260 INTER. EET ___ @ 30.00			90150 LIMITED EET	30.00	
EMERGENCY ROOM SERVICE ESTABLISHED PATIENT			90275 INTENSIVE CARE			90270 EXTEND. RE-EXAM.	40.00		90160 INTER. EET	35.00	
90530 MINIMAL SERVICE	18.00		90285 NEW BORN CARE	60.00					90170 EXT. RE-EXAM.	40.00	
90540 BRIEF EET	22.00	X	CONSULTATIONS						MISCELLANEOUS		
90550 LIMITED EET	26.00		90600 LIMITED EXAM.	30.00		90620 COMP. HEEV	70.00		99600 DEPOSITION		
90560 INTER. EET	30.00		90610 EXTENSIVE EXAM.	50.00		90630 COMPLEX			99601 WITNESS FEE		
90570 EXT. RE-EXAM.	40.00		SURGERY						88010 AUTOPSY		
EMERGENCY ROOM SURGERY			RVS CODE NO.			SURGERY ASSIST					
			RVS CODE NO.			SURGERY ASSIST			TOTAL INVOICE AMOUNT	22.00	
			59410 O.B. DELIVERY								

REMARKS: Dog bite ® arm = Laceration & puncture

Needs legislature Approval
6/13/72 CHD

A-115-22

TO SEE DR. J. Marrau (?)
REFER TO DR.

FAIRBANKS MEDICAL & SURGICAL CLINIC
P.O. BOX 1330 — FAIRBANKS, ALASKA 99701
PHONE: 452-2127

INVOICE NO. 2-6-70

DATE:

Bill to: DEPARTMENT OF PUBLIC WELFARE Acct. No. 220880

Case No. ______ Medicare No. ______

PATIENT: Kirby, Marvin J.

Parent:

Diagnosis: ASHD
Chronic myocardial infarction

PHYSICIAN	FEE	X-RAY DEPT.	FEE
OFFICE VISIT: FIRST / SPEC / REG	12.00	CHEST	
INJECTION:		SPINE: CERVICAL:	
		DORSAL: LUMBAR:	
		LUMBO - SACRAL:	
		ARM	
DRESSING:		LEG	
OB VISIT: FIRST / SPEC. / REG		G.I.	
OFFICE SURGERY		B.E.	
		GB	
CAST:		IVP	
USE OF MINOR SURGERY / USE OF RECOVERY ROOM		SKULL	
		FACIAL	
PHYSICAL EXAMS: TEACHER / STUDENT / FAA		SINUS	
FED EMP / PRE EMP / LIFE INS / TEAMSTER		MASTOID	
		PELVIS	
ANNUAL / IF OTHER SPECIFY.		RIBS	
CONSULTATION:		MAMMOGRAM	
		SPECIFY OTHER:	
OPHTHALMOLOGICAL EXAM:			
OTHER TREATMENT:		MISCELLANEOUS	FEE
		ELECTROCARDIOGRAM	
SUPPLIES USED:		AUDIOGRAM	
		BENNETT MACHINE	

LABORATORY ☐ STAT

TEST	FEE	TEST	FEE
UCG		GRAM STAIN	
UA		WET PREP	
CBC		FUNG	
SED RATE		SPUTUM	
HGB & HCT		STOOL	
WBC & DIFF		LE PREP	
PRO TIME		GASTRIC	
FBS		PAP	
P.B.I.		BSP	
URIC ACID		THYMOL	
CHOL.		HETEROPHILE	
BUN.		FX TITER	
GLUC. TOL.		PTT	
BILIRUBIN		ASO TITER	
CEPHFLOCC		PKU	
LATEX		OB LAB	
TYPE & RH		SPECIFY OTHER	
TISSUE			
CREATININE			

		PHYSICAL THERAPY	
ET-3		EXERCISE	
ICTERUS INDEX		HEAT	
SGPT		WHIRLPOOL	
P.S.P.		ULTRASOUND	
L.D.H.		TRACTION	
SGOT		AMBULATION	
VDRL		SPECIFY OTHER	
CULTURE			
SENS			

SUNDRY & ADJUSTMENTS	AMOUNT
TOTAL INVOICE AMOUNT:	
OTHER CHARGES:	
CREDITS:	
NET INVOICE AMOUNT	12.00

AUG 7 1972

Needs legislative approval CHD 8/15/72

File

TO SEE DR. Marrow.

REFER TO DR.

FAIRBANKS MEDICAL & SURGICAL CLINIC

P.O. BOX 1330 — FAIRBANKS, ALASKA 99701
PHONE: 452-2127

INVOICE NO.

DATE: 4-13-70

Bill to: DEPARTMENT OF PUBLIC WELFARE Acct. No. 220880

Case No. Medicare No.

Recheck next wk

PATIENT Kirby, Marvin.

Parent:

Diagnosis: ASHD c̄ cong failure

PHYSICIAN	FEE
OFFICE VISIT: FIRST / SPEC / REG.	12.00
INJECTION:	
DRESSING: FIRST / SPEC / REG.	
SURGERY Removal Sutures	
USE OF MINOR SURGERY / USE OF RECOVERY ROOM	
PHYSICAL EXAMS: TEACHER / STUDENT / FAA / FED ELEC / PRE-EMP / LIFE INS / TEAMSTER / ANNUAL / IF OTHER SPECIFY.	
CONSULTATION:	
OPHTHALMOLOGICAL EXAM:	
OTHER TREATMENT:	
SUPPLIES USED:	

X-RAY DEPT.	FEE
CHEST	
SPINE: CERVICAL:	
DORSAL: LUMBAR:	
LUMBO - SACRAL:	
ARM	
LEG	
G.I.	
B.E.	
GB	
IVP	
SKULL	
FACIAL	
SINUS	
MASTOID	
PELVIS	
RIBS	
MAMMOGRAM	
SPECIFY OTHER:	

MISCELLANEOUS	FEE
ELECTROCARDIOGRAM	
AUDIOGRAM	
BENNETT MACHINE	

LABORATORY [ ] STAT

TEST	FEE	TEST	FEE
UCG		GRAM STAIN	
UA		WET PREP	
CBC		FUNG	
SED RATE		SPUTUM	
HGB & HCT		STOOL	
WBC & DIFF		LE PREP	
PRO TIME		GASTRIC	
FBS		PAP	
P.B.I.		BSP	
URIC ACID		THYMOL	
CHOL.		HETEROPHILE	
BUN.		RH TITER	
GLUC. TOL.		PIT	
BILIRUBIN		ASO TITER	
CEPHFLOCC		PKU	
LATEX		OB LAB	
TYPE & RH		SPECIFY OTHER	
TISSUE			
CREATININE			

		PHYSICAL THERAPY	
ET-3			
ICTERUS INDEX		EXERCISE	
SGPT		HEAT	
P.S.P.		WHIRLPOOL	
L.D.H.		ULTRASOUND	
SGOT		TRACTION	
VDRL		AMBULATION	
CULTURE		SPECIFY OTHER	
SENS			

SUNDRY & ADJUSTMENTS	AMOUNT
TOTAL INVOICE AMOUNT:	
OTHER CHARGES:	
CREDITS:	
NET INVOICE AMOUNT	12.00

AUG 7 1972

On file

Needs legislative approval. CRD 8/15/72

HANSEN, Hans F. (89) 262-1 3784 9/23/69 4:35PM

Hans F. Hansen
Pioneerhome
Fairbanks, Alaska 99701

Medicare # 574-01-7110 A

FAIRBANKS COMMUNITY HOSPITAL
119 N. CUSHMAN STREET – PHONE: 456-6655
FAIRBANKS, ALASKA 99701

MEDICARE

DATE & TIME OF DISCHARGE
9/26/69 10 AM MR.

DATE	DESCRIPTION	SUNDRY	DRUGS	MEDICAL & SURGICAL SUPPLY	X-RAY	LAB.	DAILY HOSPITAL SERVICE	CREDITS	BALANCE	OLD BALANCE
69SEP 23			.15	2.75	17.00		48.00		67.90	67.90
69SEP 24	OR TI	55.00	8.10	.25		50.00				
69SEP 24	INFS	25.00				25.00	48.00		279.25	279.25
69SEP 25			5.55				48.00		332.80	332.80
69SEP 26			2.30						335.10	
										335.10
69NOV	7 MEDICARE	53.62 >						281.48	.00	
MED	19091MED							53.62- 06		
								281.48- 02		
								46.91 06		
						08-17-72		258.19 02		30.00*

Medicare has done an audit for 1969 and found an error. We have been charged the above amount.

Mrs. William O'Dell
Medicare Section - 8-30-72

	SUNDRY	DRUGS	MEDICAL & SURGICAL SUPPLY	X-RAY	LAB.	DAILY HOSPITAL SERVICE		
SUB TOTALS	80.00	16.10	3.00	17.00	75.00	144.00	TOTAL CHARGES	335.10
							LESS: COVERAGE	
							DUE FROM PATIENT	

EXPLANATION OF SYMBOLS

ANES - ANESTHESIA
BBA - BLOOD
CI - CIRCUMCISION
DEL } DELIVERY ROOM
DR }
ERG - ELECTROCARDIOGRAM
ES - EMERGENCY SURGERY FOR SERVICES
IV - INTRAVENOUS
NO2 - NEWBORN OXYGEN
◇ - DEPARTMENTAL CREDIT
OR - OPERATING ROOM
O2 } OXYGEN
OXY }
PHY } PHYSIOTHERAPY
PT }
PL - PLASMA
REF - REFUND
TEL - TELEPHONE
TI - TISSUE
TR - TRANSFUSION
XT - X-RAY THERAPY

KOZAK, Joseph 262 69-0416 1-28-69 3:45 PM

Joseph Kozak
Pioneer Home

Medicare 574-03-4365 A

DATE & TIME OF DISCHARGE
2-3-69 1:25 PM 180

FAIRBANKS COMMUNITY HOSPITAL
119 N. CUSHMAN STREET -- PHONE: 456-6555
FAIRBANKS, ALASKA 99701

-- 2-24-69 --

DATE	DESCRIPTION	SUNDRY	DRUGS	MEDICAL & SURGICAL SUPPLY	X-RAY	LAB.	DAILY HOSPITAL SERVICE	CREDITS	BALANCE	OLD BALANCE
69JAN 28			.60	.25			44.00		44.85	44.85
69JAN 29			1.35			30.00	44.00		120.20	120.20
69JAN 30			.75			8.00	44.00		172.95	172.95
69JAN 31			1.55	1.25	15.00	10.00	44.00		244.55	244.55
69FEB 1			.30			6.00	44.00		294.85	294.85
69FEB 2							44.00		338.85	338.85
69FEB 3			.15	11.00					350.00	350.00
69FEB 24	MEDICARE	45.50 >						304.50	.00	
								45.50- 06		
								304.50- 02		
								49.00 06		
							07-17-72	257.00 02		44.00*
SUB TOTALS								TOTAL CHARGES		
								LESS: COVERAGE		
								DUE FROM PATIENT		

EXPLANATION OF SYMBOLS

ANES - ANESTHESIA
BLD - BLOOD
CI - CIRCUMCISION
DEL } - DELIVERY ROOM
DR }
EKG - ELECTROCARDIOGRAM
ES - EMERGENCY SURGERY FOR SERVICES
IV - INFUSIONS
NUT - NEBULIZER OXYGEN
DR - DEPARTMENTAL CREDIT
OR - OPERATING ROOM
OX } - OXYGEN
OXY }
PHY } - PHYSIOTHERAPY
PL - PLASMA
PRT - PROTHROMBIN
TEL - TELEPHONE
TI - TISSUE
TR - TRANSFUSION
XT - X-RAY THERAPY

RECEIVED
NOV 08 1972
Dept. of Health & Social Svcs.
Div. of Medical Assistance

RECEIVED
NOV [illegible] 19[illegible]
Dept. of Health & [illegible] Svc
Div. of M[illegible]

STATEMENT

LEONARD D. FERUCCI, M.D.
A PROFESSIONAL CORP.
OBSTETRICS & GYNECOLOGY
Providence Professional Bldg. Suite 304 3330 Providence Dr.
Phone 272-1533 (24 Hours) Anchorage, Alaska 99504

Division of Public Welfare
MacKay Bldg. #222
338 Denali
Anchorage, Alaska 99501

DATE	FAMILY MEMBER	DESCRIPTION	CHARGE	CREDITS PAYMENTS	CREDITS ADJ.	CURRENT BALANCE
RE: PEGGY BATEY		BALANCE FORWARD →				
9/8/70	Peggy	IGYN	$30.00~~10.00~~			
		Bicillin	~~$10.00~~			$30.00
~~9/9/71~~	~~Peggy~~	~~Bicillin~~	~~$10.00~~			~~$40.00~~

NOTE: FIFTH (5) BILLING, PLEASE SEE ATTACHED.

MAY WE PLEASE HEAR FROM YOU REGARDING THIS LONG OVER DUE ACCOUNT.

RECEIVED
JAN 3 197
Division of Social Services

PLEASE PAY LAST AMOUNT THIS COLUMN →

IG—Initial GYN
IOS—Initial OS
ROS—Return OS
FUV—Follow-Up Visit
OC—Office Call
CZ—Cauterize
IUD—I.U.D.
IJ—Injection
LAB—Laboratory
POA—Posted on Account
CC—Circumcision
B—Biopsy
C—Consultation
HC—Hospital Care
S—Surgery

THIS IS AN EXACT COPY OF YOUR ACCOUNT PREPARED ON 3M "THERMOFAX" COPY PAPER

ADC 19980-01

UNPAID AS OF 2/15/73

06-35-6-750 - 380

EXPLANATION OF MEDICARE BENEFITS

Aetna LIFE & CASUALTY

THIS IS A STATEMENT OF THE ACTION TAKEN ON YOUR MEDICARE CLAIM

Prepared By:

Ætna Life & Casualty
Medicare Claim Administration
Yeon Building
522 S. W. 5th Avenue
Portland, Oregon 97204
Telephone No. 222-6831

DATE 1-7-72

HEALTH INSURANCE CLAIM NUMBER 520-01-4782A

IMPORTANT

FOR GENERAL INFORMATION, SEE THE REVERSE SIDE.

The enclosed Request for Medicare Payment form (SSA-1490) is for your use in submitting future claims.

MILO H. FRITZ M.D.

BENEFICIARY'S NAME AND ADDRESS

H. Slack
707 W. 27th ave
Anch AK. 99503

THIS IS NOT A BILL

LOCATION OF SERVICE CODES

The following will explain the codes shown in the "Location of" column to the right.

O	Doctor's Office
IH	Inpatient Hospital
IL	Independent Lab
ECF	Extended Care Facility
H	Patient's Home
OH	Outpatient Hospital
OL	Other Location
NH	Nursing Home

SERVICES

	FIRST DATE MO	FIRST DATE DAY	LAST DATE MO	LAST DATE DAY	LOCATION OF	NUMBER OF	RENDERED BY	DESCRIPTION OF
1	11	15	12	06	IH	21	[illegible]	2
2								2
3								
4								
5								
6								
7								
8								
9								
10								

DESCRIPTION OF SERVICE CODES

The following will explain the number shown in the "Description of" column at left.

1. Medical Care
2. Surgery
3. Consultation
4. Diagnostic X-ray
5. Diagnostic Lab
6. Radiation Therapy
7. Anesthesia
8. Assistant Surgeon
9. Other Service
0. Whole Blood or Packed Red Blood Cells

If an amount is shown in the "Not Allowed" column at right, the paragraph checked below will explain.

☐ The Allowed Charge is less than the actual charge for psychiatric service, because only 62½% of such expenses are allowed under the law.

☐ The Allowed Charge is less than the actual charge for psychiatric service, because the $250.00 maximum payable in one calendar year has been reached.

☒ The charges have been reduced to the amount indicated, because they have been determined to be higher than we can consider as covered expense under the Medicare Program.

CHARGES	TOTAL	NOT ALLOWED	ALLOWED
1	800.00	300.00	500.00
2	24.00	4.00	20.00
3			
4			
5			
6			
7			
8			
9			
10			

Your $50.00 deductible has been met for 19 71

BENEFITS PAID TO: Harold Slack

TOTAL ALLOWED CHARGES	520.00
LESS DEDUCTIBLE	———
BALANCE OF ALLOWED CHARGES	520.00
LESS 20% COINSURANCE	104.00
MEDICARE PAYS	416.00

Ætna LIFE & CASUALTY

EXPLANATION OF MEDICARE BENEFITS

THIS IS A STATEMENT OF THE ACTION TAKEN ON YOUR MEDICARE CLAIM

Prepared By:

Ætna Life & Casualty
Medicare Claim Administration
Yeon Building
522 S. W. 5th Avenue
Portland, Oregon 97204
Telephone No. 222-6831

DATE 7-72

HEALTH INSURANCE CLAIM NUMBER 520-01-4782A

IMPORTANT

FOR GENERAL INFORMATION, SEE THE REVERSE SIDE.

The enclosed Request for Medicare Payment form (SSA-1490) is for your use in submitting future claims.

Milo H. Fritz M.D.

BENEFICIARY'S NAME AND ADDRESS: H. Slack, 707 W. 27th ave. Anch AK. 99503

THIS IS NOT A BILL

LOCATION OF SERVICE CODES

The following will explain the codes shown in the "Location of" column to the right.

- O Doctor's Office
- IH Inpatient Hospital
- L Independent Lab
- ECF Extended Care Facility
- H Patient's Home
- OH Outpatient Hospital
- OL Other Location
- NH Nursing Home

SERVICES

	FIRST DATE MO	FIRST DATE DAY	LAST DATE MO	LAST DATE DAY	LOCATION OF	NUMBER OF	RENDERED BY	DESCRIPTION OF
1	11	15	12	06	IH		M Fritz MD	2
2								2
3								
4								
5								
6								
7								
8								
9								
10								

06-35-6-550-380

DESCRIPTION OF SERVICE CODES

The following will explain the number shown in the "Description of" column at left.

1. Medical Care
2. Surgery
3. Consultation
4. Diagnostic X-ray
5. Diagnostic Lab
6. Radiation Therapy
7. Anesthesia
8. Assistant Surgeon
9. Other Service
0. Whole Blood or Packed Red Blood Cells

If an amount is shown in the "Not Allowed" column at right, the paragraph checked below will explain.

[ ] The Allowed Charge is less than the actual charge for psychiatric service, because only 62½% of such expenses are allowed under the law.

[ ] The Allowed Charge is less than the actual charge for psychiatric service, because the $250.00 maximum payable in one calendar year has been reached.

[✓] The charges have been reduced to the amount indicated, because they have been determined to be higher than we can consider as covered expense under the Medicare Program.

Your $50.00 deductible has been met for 1971

CHARGES

	TOTAL	NOT ALLOWED	ALLOWED
1	800.00	300.00	500.00
2	24.00	4.00	20.00
3			
4			
5			
6			
7			
8			
9			
10			

TOTAL ALLOWED CHARGES	520.00
LESS DEDUCTIBLE	—
BALANCE OF ALLOWED CHARGES	520.00
LESS 20% COINSURANCE	104.00
MEDICARE PAYS	416.00

BENEFITS PAID TO: Harold Slack

XEROX

DUPLICATE

CUSTOMER NO.	INVOICE NO.	INVOICE DATE
683356000	004285216	12-31-6[illegible]

BILL TO
HARBOR VIEW
MEMORIAL HOSPITAL
VALDEZ AK 99686

SHIP TO/INSTALLED AT

PLEASE DIRECT ALL INQUIRIES TO:
XEROX CORPORATION
505 106TH AVENUE N
BELLEVUE WASHINGTON
9800[illegible]
TELEPHONE 206-455-1061

PURCHASE ORDER NUMBER	SPECIAL REFERENCE NUMBER
3594	
TERMS	GOVERNMENT CONTRACT NUMBER
PAYABLE UPON RECEIPT	

ITEM	PERIOD	AMOUNT
XEROX 2400	SERIAL NO. 150-017379	
BASIC USE CHARGE	JANUARY	30.00
	SUB TOTAL	30.00
	TOTAL	30.00

METER CARD RECEIVED BUT NOT BILLABLE

*05-00-360

11-8-01 360

01-23-01 360

06-32-2-200

RECEIVED
AUG 14 1972

HOLMES JOHNSON CLINIC
Professional Corporation
P. O. BOX 766
KODIAK, ALASKA 99615

August 11 19 72

KODIAK WELFARE OFFICE

Department of Social Services
Box 2515
Kodiak Alaska 99615

STATEMENTS RENDERED MONTHLY
IF NOT CORRECT, PLEASE NOTIFY OFFICE IMMEDIATELY
ITEMIZED ACCOUNT SHOWN IN OFFICE

RE: HANSEN, Mike

~~8/2/70~~	~~Chauffeur's Physical~~	~~10.00~~
9/4/70	Hospital Admission	30.00
	(Disseminated gonococcal septicemia)	
9/9/70	Hospital care for 5 days @10/day	50.00
		~~90.00~~
		~~- 10.00~~
	We pay	80.00

QS

Ætna LIFE & CASUALTY

EXPLANATION OF EXPENSES CREDITED TO CALENDAR YEAR DEDUCTIBLE ON WHICH NO MEDICAL INSURANCE BENEFITS CAN BE PAID. FOR GENERAL INFORMATION SEE REVERSE SIDE.

copy and referral to welfare 3/23/70

MEDICARE

Prepared By: Ætna Life & Casualty
Medicare Claim Administration
Yeon Building
522 S. W. 5th Avenue
Portland, Oregon 97204
Telephone No. 222-6831

Date: 3 18 70

HEALTH INSURANCE CLAIM NUMBER: 519-17-9100B

IMPORTANT

These expenses have been credited toward the beneficiary's calendar year deductible.

No benefits can be paid on these charges.

BENEFICIARY'S NAME AND ADDRESS:
J HARDING
SR BOX 315
SEWARD AK

SERVICES								CHARGES		
FIRST DATE MO.	DAY	LAST DATE MO.	DAY	LOCATION OF*	NUMBER OF	RENDERED BY	DESCRIPTION OF*	TOTAL	NOT ALLOWED	ALLOWED
01	15	01	05	1	01	W R JONES MD	1	9.00		9.00

DEDUCTIBLE STATUS CALENDAR YEAR 1970

Deductible to be met for this year according to Social Security records → 50.00

LESS (−)

Total allowed expense on this claim → 9.00

EQUALS (=)

Deductible balance to be met for this year. If zero your deductible has been met for this year → 41.00

EXPLANATION OF CHARGES NOT ALLOWED

The charges have been reduced to the amount indicated, because they have been determined to be higher than we can consider as covered expense under the Medicare Program.

W R JONES, MD.
1006 C ST
ANCHORAGE AK

*SEE REVERSE SIDE

(R-69210-3-B)

PHYSICIAN'S OR SUPPLIERS COPY

CAT. 194344
PRINTED IN U.S.A.

~~R...~~
71-3?-?83
06-37-31-03-385

Marion Merrell

STATEMENT

FROM Hicks Boarding House
700 W. Second Avenue
Anchorage, Alaska 99501 May 24 1972
TO State of Alaska - Dept. of Health & Welfare
Medical Unit
ADDRESS 338 Denali - 222 Mc Kay Bldg.
CITY Anchorage Alaska 99501
TERMS Attn Accounting Clerk - Re: 37404 Robert Duffy aka Duffy Phillips

12-1-1968	Thru	12-15-1968

Room and Board with special service
Fifteen (15) Days @ $10.00 per day $150.00

Case file under:
DUFFY PHILLIPS
AD 37404

Board + Room in lieu of
Nursing home auth by
Jack Kleinkauf

Department of Health and Welfare
Division of Health

VENDOR'S INVOICE

PAYEE CREDIT BUREAU OF KETCHIKAN, INC.

ADDRESS Box 2207

Ketchikan, Alaska 99901

RE: BERNHOFT, Gerald S. (Father: Richard)

DATE	Inv. #		AMOUNT
10/19/70	073889	Blood Cross Match	10.50
"	073890	"	10.50
"	073891	"	10.50
"	073888	"	10.50
10/20/70	E35650	"	10.50
"	E35649	"	10.50
"	E35662	"	10.50
		TOTAL . . .	$73.50

(Original Vendor was King County Central Blood Bank, Inc.
Terry at Madison, Seattle, Washington 98104)

not paid as of 1/8/73

(Xerox copies of correspondence regarding this bill are attached for explanation.)

Credit Bureau of Ketchikan, Inc!
SIGNATURE
by J. Odell

BILL TO:

Division of Public Welfare
P. O. Box 257
Ketchikan, Alaska 99901

KETCHIKAN GENERAL HOSPITAL
3100 - TONGASS AVE. PHONE CA 5-5171
KETCHIKAN, ALASKA 99901

PATIENT'S NAME **BRANDA, Rose**

X-RAY	OPERATE OR DEL. ROOM	ANES-THESIA	DRUGS	LABORA-TORY	ROOM BOARD OR DAILY CARE	MISC. CHARGES	DATE	TOTAL DAILY CHARGES
67.00			2.35		49.00	36.00+ 6+	Jan 29'69	87.35*
			5.75				Jan 29'69	160.10*
			9.70	21.50	49.00	21.75+ 6+	Jan 30'69	262.05*
			7.25	7.50	49.00	11.00+ 1+		
						10.00+ 6+	JAN 31'69	346.80*
						7.00+ 8+	Jan 31'69	353.80*

RECEIVED
DEC 7 1972
Division of Family & Children Services
Ketchikan DO

I certify that the above bill is correct and just; that payment therefor has not been received.

KETCHIKAN GENERAL HOSPITAL
Billing Dept.

KETCHIKAN GENERAL HOSPITAL
Billing Dept.

THIS STATEMENT IS SUBJECT TO ADDITIONAL CHARGES OR CREDITS THAT HAD NOT BEEN REFERRED TO THE BUSINESS OFFICE AT TIME OF PATIENTS DISMISSAL.

TOTAL CHARGES $

EXPLANATION OF CODES

1 -- INTRAVENOUS SOLUTIONS
2 -- RENTAL
3 -- OXYGEN
4 -- CASTS & SPLINTS
5 -- TRANSFUSION ADM.
6 -- CENTRAL SUPPLY
7 -- TISSUE EXAM.
8 -- PHYSIOTHERAPY
9 -- MISC.

CREDITS

1 -- CASH PAYMENTS
2 -- INSURANCE
3 -- ALLOWANCES
4 -- OTHER

STATEMENTS PAYABLE UPON PRESENTATION OR ARRANGEMENTS MUST BE MADE WITH BUSINESS OFFICE.