LEG. FINANCE - BILLS 1975 - 1976 511

SB 78 cont., 511

511

Seward General Hospital - Box 365 - Seward, Alaska 99664

PATIENT NAME [redacted] #01-96 HOSPITAL NO. [redacted] DATE ADMITTED [redacted]

BILL TO NAME [redacted] PHONE [redacted]

ADDRESS [redacted] SOCIAL SECURITY NO. [redacted] ADDRESS [redacted] INSURANCE COMPANY [redacted]

CITY, STATE Seward, [redacted] DOCTOR [redacted] CITY, STATE [redacted]

DATE	DAILY HOSP. SERVICE	X-RAY CODE & AMOUNT	LABORATORY CODE & AMOUNT	CENTRAL SERVICE CODE & AMOUNT	MEDICATIONS AND DRUGS	Delivery Room? Operating or Delivery Room	MISCELLANEOUS CODE & AMOUNT	CREDITS	LAST AMOUNT IS BALANCE DUE
[redacted]	70.00	102 24.00	105 20.00						
			~~107.00~~						
			107 3.00	110 5.00	1.25	7.50			136.75
[redacted]	70.00		108 14.00						
			108 32.00		2.70				251.45
	~~70.00~~		105 2.00	110 2.75	2.35				322.45
[redacted]	70.00				1.65				400.30
	~~70.00~~				1.65				472.45
[redacted]	70.00		105 2.00		1.65				546.10
[redacted]		102 24.00	DISCHARGED 1:00 PM						602.10
[redacted]				AETNA INS (EKG)				8.00	594.10
[redacted]				MEDICARE CK				324.10	270.00

I certify that this is a just and proper bill and hereby authorize the Department Certifying Officer to effect payment of same.

4-22-14

Signature

06-35-6380 - 384

6-Digit Vendor Code

043579

Case or Med. Card No.

Remit

Accts. past 30 days interest at 1% PER MONTH or 12% PER YEAR is added to balance due.

Charges or credits not in the business office at time of dismissal will be billed to you at a later date. Sales tax included on all items where applicable. Retain this statement for your records. A charge will be made for additional copies.

Note: See reverse side for code descriptions. These represent only hospital charges. Your doctor's charges are billed to you separately by him.

FORM 561

Seward General Hospital – Box 365 – Seward, Alaska 99664

PATIENT

NAME THOMAS H. APPLETON
P. O. BOX 1292

ADDRESS SEWARD, ALASKA 99664

CITY, STA

HOSPITAL NO. #01546 DATE ADMITTED -11-

SOCIAL SECURITY NO.

DOCTOR

BILL TO

NAME

ADDRESS

CITY, STATE

PHONE

INSURANCE COMPANY

DATE	DAILY HOSP. SERVICE	X-RAY CODE & AMOUNT	LABORATORY CODE & AMOUNT	CENTRAL SERVICE CODE & AMOUNT	MEDICATIONS AND DRUGS	Theatre, Operating or Delivery Room	MISCELLANEOUS CODE & AMOUNT	CREDITS	LAST AMOUNT IS BALANCE DUE
	70.00			110 6.30 112 12.00	7.00				22.30
	70.00		105 35.00		17.00				237.30
	70.00			112 14.00	26.00				351.30
	70.00			110 2.55 112 15.00	43.00				487.15
	70.00			110 1.75 112 25.00	42.00				625.90
	70.00		107 21.00	112 35.00 110 1.20	27.00				759.10 876.90
	70.00			110 4.80 112 31.00					982.70
	70.00			110 3.0 112 1.00	5.00				1,061.70
	70.00		107 21.00	112 33.00	17.00				1,240.70
	70.00			112 31.00	14.00				1,335.70
	70.00			112 33.00 110 1.20					1,456.70
	70.00			112 35.00 110 1.20	21.00				1,573.90
	70.00			112 22.00 110 6.30	7.00				1,684.10
	70.00			112 33.00 110 2.40	21.00				1,814.00
	70.00	102 16.00	105 20.00	112 31.00 110 1.20	1.00				1,923.30
	70.00			112 24.00 110 3.70	14.00				2,055.00
	70.00			112 22.00 110 2.20	7.00				2171.20
		EXPIRED 1.30 A.M.		112 13.00					2263.40 2263.40
				MEDICARE CK				2161.40	102.00

Accts. past 30 days interest at 1% PER MONTH or 12% PER YEAR is added to balance due.

Charges or credits not in the business office at time of dismissal will be billed to you at a later date. Sales tax included on all items where applicable. Retain this statement for your records. A charge will be made for additional copies.

Note: See reverse side for code descriptions. These represent only hospital charges. Your doctor's charges are billed to you separately by him.

FORM C-1

WHITE: State File | Send white & canary copies for payment.
CANARY: Status Suspense
PINK: Provider's Copy

15 Provider Ref.

06 P

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Outpatient Hospital · Practitioner · Home Health Agency Invoice

A 50751 A

10 PATIENT INFORMATION	STATE USE ONLY	PROVIDER INFORMATION	
Coupon or Authorization Number Crippled Children's Services		Name of Provider Jack Arlyn Smith, M.D. 3300 Providence Drive Anchorage, Alaska 99504	
Name of Patient KEITH, Kelly	Race O		
Date of Birth 5 / 3 / 68 Sex M ☐ F ☒	Elig. Code 30P	Provider ID No. C.A.S. 343	Category 05
Case No. 6-29-571	Resource	Payee ID No. (if different from above)	

NATURE OF ACCIDENT OR ILLNESS

DIAGNOSES	Diagnosis Code (opt.)
List Primary Diagnosis First Chronic serous otitis media bilateral Chronic adeno-tonsillitis.	Primary 381 Secondary

Have all other payment sources been exhausted? ☐ Yes ☐ No	Service Preauthorization No. (if applicable)	Referring or Consulting Physician
Comments:	03414	

SERVICES RENDERED

11

Date of Service	Place of Service*	Description of Medical or Surgical Procedure	1969 RVS Proc. Code	Charge	STATE USE ONLY
4-29-72	SH	ENT exam	90010	12.00	
5-19-72	IsH	T + A	42840	160.00	
5-19-72	IH	M+T	69430	60.00	

*Place of Service
DO Doctor's Office
IL Independent Lab
H Patient's Home
IH Inpatient Hospital
OL Other Location
NH Nursing Home
ECF Extended Care Fac.
OH Outpatient Hosp.

12 Coordination of Other Benefits

M/Care Pd.	Other Paid	Total
	Blue Cross	175.60

M/Care CoIn	M/Care Ded.	Total

Total Charge	232 00
Less	175.60
Unpaid Balance	56.40

PROVIDER CERTIFICATION

"This is to certify that the foregoing is true, accurate, and complete, and is in compliance with Title VI of the Civil Rights Act of 1964 which precludes exclusion or discrimination on the ground of race, color, or national origin. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws."

To the best of my knowledge no other resource exists.

Signature Jack Arlyn Smith Date 5-22-74

Remarks:

Resubmittal Indicator | Medical Review

Revised 6/1/73 06 7014

CENTRAL OFFICE

STATE OF ALASKA

DEPARTMENT OF HEALTH & SOCIAL SERVICES

06

PHARMACY INVOICE

NO. 643975

30 PATIENT INFORMATION	STATE USE ONLY	PROVIDER INFORMATION	
COUPON OR AUTHORIZATION NUMBER		NAME OF PROVIDER	
NAME OF PATIENT Varah, Jackie	RACE	Wright Drug Co.	
DATE OF BIRTH ___ / ___ / ___ SEX: M☐ F☐	ELIG. CODE	PROVIDER ID NO. WDS 809	CATEGORY 09
CASE NUMBER	RESOURCE	PAYEE ID NO. (if different from above)	

HAVE ALL OTHER PAYMENT SOURCES BEEN EXHAUSTED? ☐ YES ☐ NO	SERVICE PREAUTHORIZATION NO. (if applicable)
COMMENTS:	

31 DRUGS DISPENSED

DATE OF SERVICE	PRESCRIPTION NUMBER	REFILL (X)	DRUG CODE	DRUG NAME AND STRENGTH	QTY.	PHYSICIAN *ID NUMBER	CHARGE		
01-26-72	187-173		92252	Cleocin 150mg.	20	WDC 824	7.95		
01-26-72	187-174		183100205	Novahistine DH	4 oz.	WDC 824	3.85		

* INSERT NAME OF PHYSICIAN IF ID NOT KNOWN.

32 OTHER BENEFITS	MEDICARE	INSURANCE	TOTAL

TOTAL CHARGE	11.80	
LESS: INS. OR OTHER PAY.		
AMOUNT BILLED		

PROVIDER CERTIFICATION

" THIS IS TO CERTIFY THAT THE FOREGOING IS TRUE, ACCURATE, AND COMPLETE AND IS IN COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 WHICH PRECLUDES EXCLUSION OR DISCRIMINATION ON THE GROUNDS OF RACE, COLOR, OR NATIONAL ORIGIN. I UNDERSTAND THAT PAYMENT AND SATISFACTION OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSE CLAIMS, STATEMENTS OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS."

TO THE BEST OF MY KNOWLEDGE NO OTHER RESOURCE EXISTS.

PROVIDER'S SIGNATURE [signature] DATE 04-25-74

MEDICARE		
CO-INS.	DEDUCT	TOTAL

REMARKS:

This is being resubmitted because according to our records there has been no payment made.

RESUBMITTAL INDICATOR	
MEDICAL REVIEW	

REVISED 12/1/71

WHITE: State File
CANARY: State Suspense
PINK: Provider's Copy
Send white & canary copies for payment.

3rd Billing

15 Provider Ref. [illegible] PRITCHARD

06 11

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Outpatient Hospital · Practitioner · Home Health Agency Invoice

No. 125073 A

10 PATIENT INFORMATION	STATE USE ONLY	PROVIDER INFORMATION	
Coupon or Authorization Number 76094444 [illegible]		Name of Provider [illegible] M.D.	
Name of Patient Pritchard, Ruth E	Race W		
Date of Birth 11/01/28 Sex M ☐ F ☑	Elig. Code 21 E	Provider ID No. ARB 919	Category 05
Case No. 715-28-02	Resource X	Payee ID No. (if different from above)	

NATURE OF ACCIDENT OR ILLNESS

DIAGNOSES	Diagnosis Code (opt.)
List Primary Diagnosis First Post-operative status L5-S1 disc. Total laminectomy L5. Residual neuropathy S1, left	Primary 728 Secondary

Have all other payment sources been exhausted? ☑ Yes ☐ No

Comments:

Service Preauthorization No. (if applicable)

Referring or Consulting Physician Dr Behymer

SERVICES RENDERED

11

Date of Service	Place of Service*	Description of Medical or Surgical Procedure	1969 RVS Proc. Code	Charge	STATE USE ONLY		
9-14-72	IH	Orthopedic Consultation	906a	30 —	1500	4	01

*Place of Service
DO Doctor's Office
IL Independent Lab
H Patient's Home
IH Inpatient Hospital
OL Other Location
NH Nursing Home
ECF Extended Care Fac.
OH Outpatient Hosp.

12 Coordination of Other Benefits

M/Care Pd.	Other Paid	Total

M/Care CoIn	M/Care Ded.	Total

Total Charge	30 —	1500
Less	—	
Unpaid Balance	30 —	1500

PROVIDER CERTIFICATION

"This is to certify that the foregoing is true, accurate, and complete, and is in compliance with Title VI of the Civil Rights Act of 1964 which precludes exclusion or discrimination on the ground of race, color, or national origin. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws."

To the best of my knowledge no other resource exists.

Signature [signature] Date MAY 14 1974

Remarks: [illegible]

33-6-350-350

Resubmittal Indicator | Medical Review

Revised 6/1/73 06 7014

February 20, 1975

The Honorable Bill Ray
Chairman
Senate Finance Committee
Pouch V
Juneau, Alaska 99811

Attention: Senator George Hohman

Dear Senator Ray:

This is in response to a question raised by Senator Hohman at this morning's Senate Finance hearing concerning the Governor's requested supplemental appropriation for miscellaneous claims (SB 78).

After reviewing AS 37.25.010 (b) it is our interpretation that the claims associated with SB 78 are not legally payable with current year authorization. This is due to the fact that the provisions (1) and (2) of subsection (b) preclude such payment.

A copy of the proposed change to the SB 78 appropriated amount which I mentioned this morning is also attached. This alteration has the following effect:

Remove:	N.C. Machinery Claim	($935.58)
Add:	Spenard Builders (In. no. R27639)	18.04
Add:	Spenard Builders (In. no. C5972)	8.96
	Net effect of revision	($908.58)

We accordingly recommend that SB 78 be amended to reduce the appropriated amount from $45,900 to $44,992; a reduction of $908.00. Within the bill the amount appropriated to the Department of Public Works should be reduced by a like amount: $908.58.

To avoid miscellaneous claim supplemental appropriations in future fiscal years we have proposed that the General Appropriation Bill be footnoted to include the provision that it be allowable for the Governor's Contingency Fund to be used to pay obligations for any agency for any time period. HB 70 now includes that provision. We solicit your support in having such a provision included in the Senate's version of the budget bill this session!

Sincerely,

V. Kent Dawson, Director

cc: Jay Hogan, Director, Legislative Finance
Attachment:
VKD/bc

02-001B

STATE
of ALASKA

MEMORANDUM

#6

TO: Ron Lind, Deputy Director
Division of Budget and Management
Dept. of Administration

DATE : 11-22-74

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

SUBJECT: 1975 Miscellaneous Claims

We are here with submitting prior year billings for Legislative approval.

The attached billings were not submitted for payment until after the statute of limitations expired (two years after service). We would appreciate legislative approval to enable us to make payment to these vendors.

Please Note:
This request contains two parts:

1. $8661.65 billings presented for approval last year and not acted on to date.
2. $618.85 presented for the first time this date.

#280.50

#302.51
#280.50
2Y.01

Legislative Billings for year 1974-75

Submitted November 22, 1974

	Invoice #	Date of Service	Amount	Date Recieved	Code	Reason for Delay
Family & Children Services						
Alaska Children Services	69355	03-16-72	307.20	5-15-74	06-21-3-265-336	Vendor Inv. not rcvd.
Frank Chasley	482677	02-16-72	115.00	5-02-74	06-21-3-150-730	Wt. misplaced 2 yrs.
Anchorage Daily Times	L-79415	12-22-70	11.70	8-15-74	06-21-3-263-325	Vendor Inv. not rcvd.
Anchorage Daily Times	L-79156	6-24-71	67.20	5-30-74	06-21-3-263-325	" " " "
Anchorage Daily Times	L-79156	6-3-71	63.60	5-30-74	06-21-3-263-325	" " " "
Corrections						
Schmolsk Plumbing & Heating	12473	5-4-71	24.25	3-04-74	06-66-04-112-450	Vendor Inv. not rcvd.
Public Health						
National Academy of Engineers	266362	11-02-70	29.90	2-13-74	06-31-1-980-490	" " " "
TOTAL			618.85			

DATA PROCESSING SUPPLIES OF ALASKA, INC.

STATE OF ALASKA
DIVISION OF FAMILY AND CHILDREN SERVICES

1. DISTRICT NO. 21
2. CASE WORKER PCN NO. 220 (DISTRICT USE ONLY)

ACS410

CHILD CARE INVOICES

INVOICE NUMBER

INVOICE MUST BE SUBMITTED WITHIN ONE MONTH FROM DATE OF SERVICE

MAIL TO: LOCAL DISTRICT OFFICE

3. FOSTER HOME/INSTITUTION — HOME ADDRESS — 4. CHILD CARE LICENSE NO.

ALASKA CHILDRENS SERVICES, INC. 4600 Abbott Rd Anchorage, Alaska 99507

5. COMMENTS OF FOSTER HOME/INSTITUTION

EMERGENCY SHELTER

RECORD OF SERVICES RENDERED

6. CASE NUMBER (FOR DISTRICT USE ONLY)	7. PROGRAM INITIALS	8. NAMES OF CHILDREN	9. BIRTH DATE MO	DAY	YR	10. PERIOD OF SERVICE MO	YR	FROM DAY	TO DAY	11. NO. OF DAYS	12. RATE	13. CHARGE	14. (FOR DISTRICT USE ONLY)
69355	JCO	KLinger, Melinda	10	27	55	3	72	1	16	16	34.99	307.20	–

Second - ReBilling

RECEIVED MAY 15 4 03 PM '74 FISCAL SERVICES JUNEAU

13A. TOTAL CHARGES 307.20

15. FOSTER HOME/INSTITUTION CERTIFICATE
I HEREBY CERTIFY UNDER PENALTY OF FRAUD, THAT THE SERVICES RENDERED IS A CORRECT CHARGE AGAINST THE STATE OF ALASKA, THE CLAIM IS JUST AND DUE. THAT NO PART OF SAME HAS BEEN PAID AND I AM AUTHORIZED TO SIGN AS HEAD OF THE FOSTER HOME/INSTITUTION.

SUBSCRIBED THIS 22 DAY OF April 1974

R. E. Gilbert by
Wayne Britton - Director of Finance

FOSTER HOME/INSTITUTION HEAD SIGNATURE (IN INK)

16. APPROVED AND ALLOWED IN THE ABOVE AMOUNT, OR AS CORRECTED

(AUTHORIZED SIGNATURE) (FOR DISTRICT USE ONLY)

17. COMMENTS (FOR DISTRICT USE ONLY)

.00 T

307.20
115.00
11.70
67.20
63.60
24.25
29.90
618.85 T

JUNEAU, ALASKA

Wa# 482677

89-52
1252

DOLLARS | CENTS
$ ********115 | 00

DATE OF ISSUE
MO. DAY YR. AGENCY
02 16 72 063

PAY TO THE ORDER OF
CHARLEY, FRANK. -
CHISTOCHINA VILLAGE
GAKONA AK
99586

482677
18677

$115.00

COMMISSIONER OF ADMINISTRATION

"00000 11500"

574

1:1252m00521:

Commissioner of Administration,

Dear Sir:

Due to faulty mechanism of our cash register this check was caught up in it and discovered when it needed repair.

As it was only a month overdue we tried to run it through the bank but you can see we were unsuccessful being outdated.

Could you replace this for us with a new dated check?

Very truly yours.

Mrs. [illegible] Paxton
(Owner).

May 2, 1974

Posty's Sinona Creek Trading Post
Mile 34.6 Tok Cutoff
Gakona, Alaska 99586

Dear Sir:

We received your request to reissue warrant #482677 in the amount of $115.00. Due to Stale Date Law 37.05.180 this warrant was invalid 02-16-84.

We are unable to pay any billing over 2 years old without special approval by the legislature. The renewal of this warrant will be filed with other billings two years old waiting approval by the legislators. We will be unable to submit this prior to 1975 legislation. Thanks for your patience.

Ray Davidson

Ray Davidson

Fiscal Officer
Health and Social Services

STATEMENT

Anchorage Times Publishing Co.

ALASKA'S LARGEST NEWSPAPER

POST OFFICE BOX 40

ANCHORAGE, ALASKA

[illegible], 1970

ACCOUNT OF Dept. Of Health & Welfare #7415

[illegible]

TERMS: ALL ACCOUNTS DUE THE FIRST OF EACH MONTH

ALASKA STATE PLAN FOR THE CONST. OF MENTAL HEALTH CENTERS.....	
DEC. 21	
[illegible]	[illegible]

I certify that the above bill is correct and just; that payment therefor has not been received; that all statutory requirements as to American production and labor standards, and all conditions of purchase applicable to the transactions have been complied with; and that state or local taxes are not included in the amounts billed.

ANCHORAGE TIMES PUBLISHING CO.

By.....Clerk

STATEMENT

Anchorage Times Publishing Co.

ALASKA'S LARGEST NEWSPAPER

POST OFFICE BOX 40

ANCHORAGE, ALASKA

[illegible] 27, 1970

ACCOUNT OF Dept. Of Health & Welfare #XF4415

[illegible]

TERMS: ALL ACCOUNTS DUE THE FIRST OF EACH MONTH

ALASKA STATE PLAN FOR THE CONST. OF MENTAL HEALTH CENTERS.....

Dec. 21

[illegible] 1.70

I certify that the above bill is correct and just; that payment therefor has not been received; that all statutory requirements as to American production and labor standards, and all conditions of purchase applicable to the transactions have been complied with; and that state or local taxes are not included in the amounts billed.

ANCHORAGE TIMES PUBLISHING CO.

By.....Clerk

Rec'd

STATEMENT

Anchorage Daily Times

P. O. BOX 40 TELEPHONE 279-5622

ANCHORAGE, ALASKA 99510

• LEGAL ADVERTISING STATEMENT. •
• INVOICES AND PROOFS OF PUBLICATION •
• WERE MAILED AT EXPIRATION OF AD. •

CUSTOMER

TERMS

ALL ACCOUNTS DUE WHEN BILLED; DELINQUENT AFTER THE 15TH OF THE MONTH.
2% DISCOUNT ON DISPLAY ADVERTISING ALLOWABLE IF PAYMENT RECEIVED BY 15TH OF MONTH FOLLOWING PUBLICATION. XXXXXXXXX

COMMISSIONER/HEALTH & WELFAR
MCKAY BLDG RM 222
ANCHORAGE AK

L79156

04-12-74

TO INSURE PROPER CREDIT PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE

AMOUNT ENCLOSED

BALANCE FORWARD AMOUNT →

DATE	DESCRIPTION	OUR REFERENCE	
6 24 71	UNDER 18 Newborn children		67.20

Ford Bailey

TOTAL BALANCE DUE 67.20

Anchorage Daily Times
P. O. BOX 40
ANCHORAGE, ALASKA 99510

ALLOWABLE DISCOUNT IF PAYMENT RECEIVED BY 15TH OF MONTH

Proof of Publication

PO Box 40
Anchorage
99510

ANCHORAGE DAILY TIMES

SHELLIE KOWALKE being duly sworn, according to law declares: That he is the LEGAL ADVERTISING DEPT. of The Anchorage Daily Times, a daily newspaper published in the town of Anchorage, in the Third Judicial Division, State of Alaska; that the notice of MATTER OF NEAKOK CHILDREN, MINORS UNDER 18 YRS.....

a copy of which is hereto attached, was published

JUNE 2 9 16 23

in said Anchorage Daily Times, beginning with the issue of JUNE 2, 19 71,

and ending with the issue of JUNE 23, 19 71

Shellie Kowalke

Subscribed and sworn to before me this 21st day of May, 19 71

Rebecca M. Nicholas

Notary Public for the State of Alaska.

My Commission Expires 12-14, 19 77

...IOR COURT
...E STATE
...F ALASKA
...JUDICIAL DISTRICT
...AT ANCHORAGE
...FAMILY DIVISION

In the Matter of:
NEAKOK CHILDREN – DONNA, EVA MARIE and THOMAS, Minor Children under the Age of Eighteen (18) Years.
No. CP 1088, 1089 and 1840

NOTICE TO ABSENT PARTY

TO: Mrs. Frances Neakok

You a party in the above entitled children's proceeding, are hereby summoned and required to appear in the Superior Court, Family Division, at Anchorage, Alaska, on the 9th day of July, 1971, at the hour of 9:00 a.m., to answer to the petition filed in the above entitled children's proceeding in this Court.

If you fail to appear and answer, the Court will proceed to hearing of the above entitled case without further process.

The proceeding could result in the termination of parental rights in the above named children.

You may be represented at the hearing by an attorney of your desire. In the event you have no funds to employ an attorney and satisfy the Court in this regard, an attorney will be appointed to represent you. You may also waive the presence of an attorney in such proceeding.

DATED at Anchorage, Alaska, this 17 day of May, 1971.

A. M. Vokacek
Clerk of the
Superior Court
By: (s) M. Ryan
Deputy

PUB.: June 2, 9, 16, 23, 1971

I certify that this is a just and proper bill and hereby authorize the Department Certifying Officer to effect payment thereof.

Marion Merrill 5-22-74
Signature Date

06-21-3-263-325
8-Digit Account Code 3-Digit Object Code

JC 40324-02004
Case or Med. Card No. Remarks

These have not been paid

0603565

Held to approval & payment for 1 yr.

STATEMENT

Anchorage Daily Times

P. O. BOX 40 TELEPHONE 279-5622

ANCHORAGE, ALASKA 99510

• LEGAL ADVERTISING STATEMENT. •
• INVOICES AND PROOFS OF PUBLICATION •
• WERE MAILED AT EXPIRATION OF AD. •

CUSTOMER

TERMS

ALL ACCOUNTS DUE WHEN BILLED: DELINQUENT AFTER THE 15TH OF THE MONTH.
2% DISCOUNT ON DISPLAY ADVERTISING ALLOWABLE IF PAYMENT RECEIVED BY 15TH OF MONTH FOLLOWING PUBLICATION.

COMMISSIONER/HEALTH & WELFAR L79156
MCKAY BLDG RM 222
ANCHORAGE AK 04-12-74

FOR INSURED PROPER CREDIT, PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE

AMOUNT ENCLOSED

BALANCE FORWARD AMOUNT →

DATE	DESCRIPTION	OUR REFERENCE	
5 31 71	UNDER 18 Daniel Feenstra		63.60
~~5 24 71~~	~~UNDER 18 [illegible]~~		~~63.60~~

ALASKA'S LARGEST
Serves The Richest Market In
Third Billing

63.60

Anchorage Daily Times
P. O. BOX 40
ANCHORAGE, ALASKA 99510

TOTAL BALANCE DUE	130.80*
ALLOWABLE DISCOUNT IF PAYMENT RECEIVED BY 15TH OF MONTH	

Proof of Publication

P.O. Box #40
Anchorage
99510

ANCHORAGE DAILY TIMES

SHELLIE KOWALKE being duly sworn, according to law declares: That he is the LEGAL ADVERTISING DEPT. of The Anchorage Daily Times a daily newspaper published in the town of Anchorage, in the Third Judicial Division, State of Alaska; that the notice of DANIEL FEENSTRA...A MINOR CHILD UNDER 18 YRS OF AGE..... a copy of which is hereto attached, was published

MAY 10 17 24 JUNE 1

in said Anchorage Daily Times, beginning with the issue of MAY 10, 19 71, and ending with the issue of JUNE 1, 19 71

Shellie Kowalke

Subscribed and sworn to before me this 21st day of May, 19 74

Regina M. Nicholas

Notary Public for the State of Alaska.

My Commission Expires 12-14 1977

IN THE SUPERIOR COURT
FOR THE STATE OF ALASKA
THIRD JUDICIAL DISTRICT
AT ANCHORAGE
FAMILY DIVISION

In the Matter of:
DANIEL FEENSTRA
B.D. 3-21-67
A minor Child under the
Age of Eighteen
(18) Years.
No. CP 2069

NOTICE TO ABSENT PARTY

TO: Tatianna Feenstra

You a party in the above entitled children's proceeding, are hereby summoned and required to appear in the Superior Court, Family Division, at Anchorage, Alaska, on the 11th day of June, 1971, at the hour of 8:30 a.m., to answer to the petition filed in the above entitled children's proceeding in this Court.

If you fail to appear and answer, the Court will proceed to hearing of the above entitled case without further process.

The proceeding could result in the termination of parental rights in the above named child.

You may be represented at the hearing by an attorney of your desire. In the event you have no funds to employ an attorney and satisfy the Court in this regard, an attorney will be appointed to represent you. You may also waive the presence of an attorney in such proceeding.

DATED at Anchorage, Alaska, this 7th day of May, 1971.

A. M. Vokacek
Clerk of the
Superior Court
By: (s) B. Johnson
Deputy

Pub.: May 10, 17, 24; June 1, 1971.

I certify that this is a just and proper bill and hereby authorize the Department Certifying Officer to effect payment of same.

Marion Merrill 5-22-74
Signature Date

8-Digit Account Code JC 52[illegible]4 3-Digit Object Code JC 52514-01

Copy of invoice to be attached.

These have not been paid.
3rd Billing!!

June 7, 1974

Anchorage Daily Times
P. O. Box 40
Anchorage, Alaska 99510

Attention: Accounts Receivable

Gentlemen:

We have received for payment in our office two of your invoices from your legal advertising department dating back to the months of May and June of 1971. The attached proof of publication from you appears to be the original copy, and I can find no prior payment on your invoices in our records. Therefore, it is with regret that I must tell you that we are unable to pay the outstanding amounts as shown on your invoices at this time.

State law requires that any invoices over two years old must have legislative approval prior to payment. Your invoices for both publications; the matter of the Neakok children in the amount of $67.20, and Daniel Feenstra in the amount of $63.60 fall into this time restriction category.

We do not anticipate a problem regarding legislative approval, however, payment cannot be made to you until such approval is given sometime after the legislature reconvenes next year.

If you should have further questions regarding these invoices, please feel free to contact us. We certainly do regret any inconveniences this may cause to you.

Very truly yours,

Erna F. Morgan
Accounts Payable Supervisor
Fiscal Section

/cm

cc: Marion Merrill

123 STEDMAN STREET

[illegible]

P. O. BOX 1721 • KETCHIKAN, ALASKA 99901

12472

Schmolck

CHARGE TO Alaska State Detention Home

ADDRESS ____________ BOX NO. ____

WORK PERFORMED @ Ketchikan, Alaska
Tempering Valve
leak.
Worked 1/2 Hour after quitting
Time to complete Job.

Tuesday DATE 5/4/71

Gasket Material		.25
TOTAL MATERIAL		25
1/2 Hr. @ 17.00 + 1/2 Hr D.T. @ 31.00 LABOR	24	00
TAX		—
TOTAL	24	25

FORM 02-001BC
FOR BRIEF COMMUNICATIONS:
MAY BE HANDWRITTEN

MEMORANDUM

State of Alaska

DEPT. Health and Social Services
DIV. Administration
SEC. Fiscal

TO: Mr. Robert Andrew
Ketchikan Correctional Institution

DATE : March 8, 1974

FROM: L. Hertz
Fiscal Services

SUBJECT: Schmolck Plumbing, Heating & Sheetmetal

In regard to our previous correspondence regarding the subject past due account, I regret that we will be unable to pay the full amount at this time.

State law requires that any invoices over two years old must have Legislative approval prior to payment. Invoice No. 12473 is dated May 4, 1971 in the amount of $24.25, which we will have to hold for approval. We have already submitted our list to the current session and do not know at this time if we will be able to make any additions. It may be next year before this invoice can be paid. We have processed invoice number 988 in the amount of $148.27 with a "rush" tag to beat the two year deadline which will be March 12th. Sorry this was not caught before, but hopefully we can get most of it out of the way.

NATIONAL ACADEMY OF SCIENCES | NATIONAL ACADEMY OF ENGINEERING | NATIONAL RESEARCH COUNCIL
2101 Constitution Avenue, Washington, D.C., U.S.A. 20418

PUBLIC HEALTH RHO SCRO
ELIZABETH A TOWER MD RHO SCRO
RM 222 MACKAY BLDG
338 DENALI ST ANCHORAGE AK 99501

PUBLIC HEALTH RHO SCRO
ELIZABETH A TOWER MD RHO SCRO
RM 222 MACKAY BLDG
338 DENALI ST ANCHORAGE AK 99501

MO.	DAY	YEAR
11	02	70

INVOICE NO. 266362

Make check or money order payable and return to National Academy of Sciences. Attn: ACCOUNTING OFFICE. Do not send cash. Please write invoice number on check or money order.

Secure permission before returning books for credit. A $1.00 service charge is made for handling approved returns. No credit allowed for publications returned in unsaleable condition.

We provide only 2 copies of invoices, customer may reproduce additional copies.

Quantity	Publication ISBN: 309-0-	Title	List Price	Net Price	Amount
1	1607-X	HUMAN ECOLGY ALASKA ERTHQAK 70	29.50	29.50	29.50
1	8940-0	POSTAGE AND HANDLING	.40	.40	.40

JUL 26 1971
STATEMENT ISSUED

Please remit amount due immediately to the Accounting Office at the address shown. Include invoice number.
PAY LAST AMOUNT SHOWN — NO ADDITIONAL DISCOUNTS ALLOWED
ACCOUNTING OFFICE

TOTAL 29.90

REPLY MEMO

State of Alaska

MESSAGE	REPLY
TO Elizabeth Tower DATE 2/15/74 Public Health	TO DATE
We can find no record of ever paying this invoice nor ever receiving it. Unfortunately, due to the lapse of time since this was issued, we are unable to pay without Legislative approval since Alaska Law requires that any billing over two years old must have prior Legislative approval before payment. We have already submitted our list to the current Legislature it may be next year before we can obtain approval but we will do our best.	As requested
SIGNED L. Wertz, Fiscal Services	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.

FM 02-006

Legislative Billings

~~Submitted 1-29-74~~ Resubmitted 11-22-74 hel

Corrections

Vendor Name	Date	Invoice	Code	Amount	Total
A & W Wholesale	1-7-71	18403	06-66-4-110-490	58.00	
"	2-15-71	12007	"	29.00	
"	5-10-71	9229	"	104.21	
"	5-11-71	6525	"	1.95	
"	5-17-71	10165	"	20.90	
"	5-20-71	1046	"	17.00	
"	5-27-71	2261	"	37.97	
"	5-28-71	2300	"	12.00	
"	6-7-71	1446	"	16.05	
"	8-9-71	25266	"	7.00	
					304.08
Pied Piper Pest Control	1-23-71	2740	06-66-4-110-390	95.00	
Pied Piper Pest Control	3-20-71	2854	"	95.00	
					190.00

Public Health Nursing

Bells Gen. Merchandise	10-21-70	23	06-31-1-480-490	24.93	
Samuelson Flying	9-19-67	25578	06-31-1-301-211	30.00	
					54.93

Medical Assistance

L. David Ekvall, MD	8-1-66	06-33-3-800-	246.00
T. S. Redmond, DDS	1-12-72	06-33-6-400-380	175.00
D. B. Addington, MD	4-4-71	06-33-6-350-380	295.68
Alaska Clinic	1-12-70	06-33-6-350-380	57.40
G. B. Von Wichman MD	2-16-71	06-33-6-350-380	295.00
Anch. Med & Surg.	6-18-71	06-33-6-350-380	10.00
A. C. Chalmers MD	1-25-70	06-33-6-350-380	8.60
"	2-2-71	"	20.60
"	6-1-71	"	3.80
City of Fairbanks	6-25-71	06-33-6-380-380	37.00
Fbks Med & Surg	11-25-71	06-33-6-350-380	3583.00
Fbks Mem. Hosp.	4-13-71	06-33-6-310-380	60.00
"	1-7-71	06-66-4-313-380	1985.89
L. P. Ferucci MD	3-23-71	06-33-6-350-380	10.00
G. O. Gould DDS	12-8-69	06-33-6-400-380	115.00
Geo. Hale MD	6-19-72	06-33-6-350-380	120.92
"	10-13-71	06-33-6-350-380	157.37

Paul Jaeger MD	2-8-71	06-33-6-400-380	45.00
N. Jones MD	11-17-70	06-33-6-390-470	42.60
B. D. Layman DDS	11-24-71	06-33-6-400-380	15.00
"	"	"	15.00
"	"	"	15.00
"	"	"	35.00
D. Leistikow MD	9-14-70	06-33-6-350-380	10.00
D. J. McIntyre	10-14-71	06-33-6-350-380	15.00
"	10-10-70	"	30.00
"	5-3-71	"	196.00
J. W. Mortensen MD	8-4-70	"	55.83
Providence Hosp.	7-13-71	06-33-6-310-380	112.15
"	1-3-72	"	68.00
W. S. Stover MD	8-24-72	06-33-6-350-380	240.00
Tanana Valley Med & Surg. Group	11-2-70	06-33-6-350-380	13.80
"	5-12-71	06-31-1-724-380	23.00
			8112.64

8661.65

```
                    *
      58.00+
      29.00+
  104.21+
       1.95+
      20.90+
      17.00+
      37.97+
      12.00+
      16.05+
       7.00+
  304.08*
```

18408

Wholesale Only

Tobacco
Candy
Paper Goods
Sundries
Janitorial Supplies
Bar Supplies

A & W WHOLESALE CO., INC.

BOX 688, FAIRBANKS, ALASKA 99701

1003 PIONEER ROAD – PHONE 452-2138

Date 1-7-71

SOLD TO NRCI

ADDRESS

FILLED BY	SALESMAN

SHIP BY

PU

QUANT.	DESCRIPTION	DEPT. 1	DEPT. 2	DEPT. 3	DEPT. 4
4	Cs ~~Delivery~~ of MD				38 00
	STATE CIGARETTE TAX				
	DEPARTMENT TOTALS				58 00
	POSTAGE AND INS.				
	INVOICE TOTAL				58 00

58 00

12007

Wholesale Only

Tobacco
Candy
Paper Goods
Sundries
Janitorial Supplies
Bar Supplies

A & W WHOLESALE CO., INC.

BOX 688, FAIRBANKS, ALASKA 99701

1003 PIONEER ROAD – PHONE 452-2138

Date 7-15-71

SOLD TO HRCI

ADDRESS

FILLED BY	SALESMAN

SHIP BY

QUANT.	DESCRIPTION		DEPT. 1	DEPT. 2	DEPT. 3	DEPT. 4
2	ow MID Part time	14.50			29 00	
					2 00	
	STATE CIGARETTE TAX	S.J. Snyder C.O.-1				
	DEPARTMENT TOTALS				29 00	
	POSTAGE AND INS. →				29 00	
	INVOICE TOTAL					29 00

9229

Wholesale Only

Tobacco
Candy
Paper Goods
Sundries
Janitorial Supplies
Bar Supplies

A & W WHOLESALE CO., INC.

BOX 688, FAIRBANKS, ALASKA 99701

1003 PIONEER ROAD – PHONE 452-2138

Date 5-10-71

SOLD TO State Jail

ADDRESS

FILLED BY | SALESMAN

SHIP BY

less 15%

QUANT.	DESCRIPTION	DEPT. 1	DEPT. 2	DEPT. 3	DEPT. 4	
2	CS PG2-2911 can liners				38	76
1	CS PG2-4013 " "				65	45
	Miguel Vargas					
	STATE CIGARETTE TAX					
	DEPARTMENT TOTALS				104	21
	POSTAGE AND INS. → DEPARTMENT TOTALS					
	STAGE AND INS. → INVOICE TOTAL				104	21
	TOTAL					

Wholesale Only

Tobacco
Candy
Paper Goods
Sundries
Janitorial Supplies
Bar Supplies

INVOICE NO. 65255

P.O. 4754

A & W WHOLESALE CO., INC.

BOX 688, FAIRBANKS, ALASKA 99701

1003 PIONEER ROAD – PHONE 452-2138

Date 5-11-71

SOLD TO State Jail

ADDRESS

FILLED BY

SALESMAN Paula

SHIP BY

Charge

QUANT.	DESCRIPTION	DEPT. 1	DEPT. 2	DEPT. 3	DEPT. 4
3	Paint Brushes .65 EA.			1 95	
	STATE CIGARETTE TAX				
	DEPARTMENT TOTALS				
	POSTAGE AND INS. →				
	INVOICE TOTAL				1 95

INVOICE NO.
10165

Wholesale Only
- Tobacco
- Candy
- Paper Goods
- Sundries
- Janitorial Supplies
- Bar Supplies

A & W WHOLESALE CO., INC.

BOX 688, FAIRBANKS, ALASKA 99701

1003 PIONEER ROAD – PHONE 452-2138

Date 5-17-71

SOLD TO State Jail

ADDRESS PO # 4756

FILLED BY | SALESMAN

SHIP BY PU

QUANT.	DESCRIPTION	DEPT. 1	DEPT. 2	DEPT. 3	DEPT. 4
1	can Smooth w/o Tobless Razor Cleaner			2 50	
1	case Kotex reg 36/12			18 40	
	Miguel Lugo				
	STATE CIGARETTE TAX				
	DEPARTMENT TOTALS			20 90	
	POSTAGE AND INS. →				
	INVOICE TOTAL				20 90

TOTAL

Wholesale Only

Tobacco
Candy
Paper Goods
Sundries
Janitorial Supplies
Bar Supplies

INVOICE NO. 1046

A & W WHOLESALE CO., INC.

BOX 688, FAIRBANKS, ALASKA 99707

1003 PIONEER ROAD - PHONE 452-2138

SOLD TO State Jail

ADDRESS

PO # 4760

Date 5-20-71

FILLED BY | SALESMAN

SHIP BY P.U.

QUANT.	DESCRIPTION	DEPT. 1	DEPT. 2	DEPT. 4	DEPT. 4
1 ca	Handi wipes 18"			17 00	
	Miguel Vargas				
	STATE CIGARETTE TAX				
	DEPARTMENT TOTALS			17 00	
	POSTAGE AND INS. →				
	INVOICE TOTAL				17 00

Wholesale Only

Tobacco
Candy
Paper Goods
Sundries
Janitorial Supplies
Bar Supplies

INVOICE NO. 2261

A & W WHOLESALE CO., INC.

BOX 688, FAIRBANKS, ALASKA 99707

1003 PIONEER ROAD - PHONE 452-2138

Date 5-27-71

SOLD TO State Jail

ADDRESS PO # 4769

FILLED BY | SALESMAN

SHIP BY P-U

QUANT.	DESCRIPTION	DEPT. 1	DEPT. 2	DEPT. 4	DEPT. 4
1 Bx	33 ¢ toothbrushes			7 62	
1 Bx	02 Colgate personal			4 85	
6 Bx				25 30	
	STATE CIGARETTE TAX Miguel Garza				
	DEPARTMENT TOTALS			37 97	
	POSTAGE AND INS. →				
	INVOICE TOTAL				37 97

Wholesale Only

Tobacco
Candy
Paper Goods
Sundries
Janitorial Supplies
Bar Supplies

INVOICE NO. 2300

A & W WHOLESALE CO., INC.

BOX 688, FAIRBANKS, ALASKA 99707

1003 PIONEER ROAD - PHONE 452-2138

Date 5-28-71

SOLD TO State Jail

ADDRESS PO# 4773

FILLED BY

SALESMAN

SHIP BY PU

QUANT.	DESCRIPTION	DEPT. 1	DEPT. 2	DEPT. 4	DEPT. 4
6	household brooms				12 00
	STATE CIGARETTE TAX Miguel Zarza				
	DEPARTMENT TOTALS				12 00
	POSTAGE AND INS. →				
	INVOICE TOTAL				12 00

12.00

Only

eds

Supplies
ies

INVOICE NO. 1446

A & W WHOLESALE CO., INC.

BOX 688, FAIRBANKS, ALASKA 99707

1003 PIONEER ROAD - PHONE 452-2138

SOLD TO State Jail

ADDRESS # 4778

Date 6-7-71

FILLED BY | SALESMAN

SHIP BY PA

DESCRIPTION	DEPT. 1	DEPT. 2	DEPT. 4	DEPT. 4
CS ½ gal Purex				16 05
STATE CIGARETTE TAX Miguel Larza				
DEPARTMENT TOTALS				16 05
POSTAGE AND INS. →				
INVOICE TOTAL				16 05

25266

~~Wholesale Only~~

Tobacco
Candy
Paper Goods
Sundries
Janitorial Supplies
Bar Supplies

A & W WHOLESALE CO., INC.

BOX 688, FAIRBANKS, ALASKA 99701

1003 PIONEER ROAD – PHONE 452-2138

Date 8/9/71

SOLD TO State Jail

ADDRESS PO # 7567

FILLED BY / SALESMAN

SHIP BY

QUANT.	DESCRIPTION	DEPT. 1	DEPT. 2	DEPT. 3	DEPT. 4
1	pitcher-thermos				7 00
	Miguel Vargas				
	STATE CIGARETTE TAX				
	DEPARTMENT TOTALS				7 00
	POSTAGE AND INS. → DEPARTMENT				
	INVOICE TOTAL				7 00

7 00

PIED PIPER PEST CONTROL

Box 2535
FAIRBANKS, ALASKA 99701
Phone 456-5640

SOLD BY: V Beier | DATE: 1123 19 71

NAME: State Jail

ADDRESS:

CITY: Fairbanks

☐ CASH ☒ CHARGE ☐ MDSE. RET'D
☐ C.O.D. ☐ PA'D OUT ☐ PD. ON ACCT.

QUAN.	DESCRIPTION	AMOUNT
	PPPS	95 00
	TOTAL	95 00

RECEIVED BY: [illegible]

12 2740

Thank You

①

PIED PIPER PEST CONTROL
Box 2535
FAIRBANKS, ALASKA 99701
Phone 456-5640

11

SOLD BY HORNER | DATE 20 MAR 19 74

NAME State of AK

ADDRESS F&WS

CITY

☐ CASH ☐ CHARGE ☐ MDSE. RET'D
☐ C.O.D. ☐ PAID OUT ☐ PD. ON ACCT.

QUAN.	DESCRIPTION	AMOUNT	
	P.P.C.	95	00
	P.P.C.		

RECEIVED BY — TOTAL

№ 2854

Thank You

*

95.00+
95.00+
190.00*

*

24.93+
30.00+
54.93

Bello General Merchandise — Kabo — Alaska

Date 10-21-1970

M Health Center

Address Kabo — Alaska

Reg. No.	Clerk	Account Forward		
1.	1 belt (for moto)		2	35
2	2 gal. Paint Thinner			
3	Labor 5.99			
4	6 Youth Corps 5.		11	98
5	Painting around health			
6	Ctr — Masq and Bldg Center			
7	Paint			
8	Thinner			
9	Tape (Aug 8)		1	46
10	Sandpaper			15
11	Paint		5	99
12	Turpentine		1	50
13	Turpentine		1	50
14	(For Dent where it shows)		24	93
15	Hardware 25			

Your Account Stated to Date — If Error Is Found Return at Once

PLEASE PRESS DOWN HARD FOR CLEAR COPIES

FLIGHT RECORD AND INVOICE

FROM:
NAME Samuelson Flying
ADDRESS Box 448
Bethel, Alaska

TO: STATE OF ALASKA
DEPT. Health & Welfare
DIVISION TB Control
ADDRESS Anchorage.

AIRCRAFT TYPE & MODEL C-185 NUMBER 119816X DATE 9-19-67. CONTRACT NUMBER —

1. DPT.	Bethel	TIME 11:00	ARR.	Sem Bay	TIME 12:15	FLIGHT TIME	1+15
2. DPT.	Sem Bay	TIME 12:30	ARR.	Hpb Bay	TIME 12:50	FLIGHT TIME	+20
3. DPT.	Hpb Bay	TIME 1:00	ARR.	Sem Bay	TIME 1:20	FLIGHT TIME	+20
4. DPT.	Sem Bay	TIME 1:30	ARR.	Chevak	TIME 1:50	FLIGHT TIME	+20
5. DPT.	Chevak	TIME 2:00	ARR.	Bethel	TIME 3:25	FLIGHT TIME	1+25
6. DPT.		TIME	ARR.		TIME	FLIGHT TIME	

PASSENGER(S) Dave Kirsop

CARGO

FLIGHT TIME 3 HRS 40 1/10THS @ 175.00 $ 275.00

STAND-BY TIME Less Reserve HRS 1/10THS @ $ 245.00

TOTAL DUE $ 30.00

No. 25578

CUSTOMER'S SIGNATURE X L. O Jorgen for Dave Pearson

FOR STATE CODING ONLY

PILOT Notti

PA SA-05

4-30 VOB 11/17/73

NCH 8-1-68

NAME FILYAW, DELORIS

ADDRESS ~~536 1/2 8th Avenue~~ 304 E. 15 Terrace
Anchorage, Alaska

CITY

ACCT. NO. 274-3300

SHEET NO.

CREDIT LIMIT

L. David Ekvall, M.D.
MEDICAL ARTS BLDG.
~~207 E. NORTHERN LIGHTS BLVD.~~
~~ANCHORAGE, ALASKA 99503~~

L. David Ekvall, M.D.
PROVIDENCE PROFESSIONAL BLDG
3300 PROVIDENCE DR., SUITE 104
ANCHORAGE, ALASKA 99504

Welfare 277-1194

State Comp.: LaBow Haynes Co. of Alaska, 519 D St., Anchorage

DATE	CHARGES A	CHARGES B	CHARGES C	CHARGES D	Code	AMOUNT	CREDITS ON ACCOUNT	CREDITS CASH	CREDITS ADJ.	BALANCE		PREVIOUS BALANCE
10-15	20.00	6-10-67								20	00	
8-8						06.00				26	00	20 00
8-18			300.00							326	00	26 00
10-16								40.00		286	00	326 00
11-10								40.00		246	00	286 00

Add'l ...
8-24-73 Bill sent
add ...

10 day notice

RECEIVED
NOV 13 1973
Dept. of Health & Social Svcs.
Div. of Medical Assistance

1-12-72

... Beth Heron
... Clinic Alaska
... Dentist T. S. Redmond ...

Dr. Redmond

Billing for Beth Heron

12-16-70	# 2 OL	Amalgam	Filling	$20.00
	# 2 O	"	"	15.00
	# 3 O	"	"	15.00
2-15-71	# 14 O	"	"	15.00
	# 14 OL	"	"	20.00
	# 15 O	"	"	15.00
	# 15 OL	"	"	20.00
	# 18 O	"	"	15.00
	# 31 O	"	"	15.00
	Prophylaxis & Floride			25.00

Total ~~$175.00~~

RECEIVED
DEC 7 1973
MEDICAL ASSISTANCE

T.S. Redmond D.D.S.

3-12-73 Sent 2nd Billing

THOMAS S. REDMOND, DDS
1080 W FIREWEED LN
ANCHORAGE AK

06-35-6-400-382

Aetna 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: 9 28 72

HEALTH INSURANCE CLAIM NUMBER: 574-01 6589A

IMPORTANT

SEE REVERSE SIDE FOR GENERAL INFORMATION.

BENEFICIARY'S NAME AND ADDRESS:

CARLOS PEREGRINO
KENAI, AK 99611

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
- SNF Extended Care Facility
- H Patient's Home
- OP Outpatient Hospital
- OL Other Location
- NH Nursing Home

SERVICES

	FIRST DATE MO.	FIRST DATE DAY	LAST DATE MO.	LAST DATE DAY	LOCATION OF	RENDERED BY	DESCRIPTION OF
1	9	4	9	6	O	TH	2
2						TH-22	1
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

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	138 30		138 30
2	94 50		94 50
3			
4			
5			
6			
7			
8			
9			
10			

Your $50.00 deductible has been met for 19 71

TOTAL ALLOWED CHARGES	1478 40
LESS DEDUCTIBLE	
BALANCE OF ALLOWED CHARGES	1478 40
LESS 20% COINSURANCE	295 68
MEDICARE PAYS →	1182 72

EFITS TO

D. B. ADDINGTON, M.D.
3300 PROVIDENCE DR., ST. 205
ANCHORAGE, AK 99504
06-33-6-350-380

Aetna LIFE & CASUALTY — EXPLANATION OF MEDICARE BENEFITS

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

Prepared By: — DATE 1/21/71

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

HEALTH INSURANCE CLAIM NUMBER 554-26-5578 C

BENEFICIARY'S NAME AND ADDRESS
75 Emah Petroff
O Petroff
By [illegible]
96 Chignik Lagoon

IMPORTANT
I certify that this is a just and proper bill and hereby authorize the Department Certifying Officer to effect payment to the below named.
SEE REVERSE SIDE FOR GENERAL INFORMATION.

Signature Marion Newell Date 3-5-73

04-32-3-370-315-71-0070
8-Digit Account Code — 3-Digit Object Code

CAA 36645-01
Case or Med. Card No. — Remarks

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	12	11	23	I.H.	01	O. McDuffie	1
2		12-20			I.H.	01	MD	1
3					I.H.	10		1
4					X	001		1
5					X	01		5
6					X	02		4
7					X	01		1
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

Stall Date

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	70.00	30.00	40.00
2	50.00	10.00	40.00
3	120.00	30.00	90.00
4	48.00	8.00	40.00
5	8.00		8.00
6	48.00	14.00	34.00
7	30.00	15.00	15.00
8			
9		100.00	
10		97.00	

Your $50.00 deductible has been met for 19 70

TOTAL ALLOWED CHARGES	307.00
LESS DEDUCTIBLE	12.50
BALANCE OF ALLOWED CHARGES	294.50
LESS 20% COINSURANCE	58.90
MEDICARE PAYS	196.00

BENEFITS PAID TO
ALASKA CLINIC
O McDuffie MD
825 4th St
Anchorage Ak
06-33-6-350-380

(MR-69047-3-D)

PHYSICIAN'S OR SUPPLIER'S COPY

CAT. 193895
PRINTED IN U.S.A.

STATEMENT

GEORGE B. von WICHMAN M.D. ORTHOPEDIC SURGEON

[redacted]

Anchorage Fracture and Orthop
A Professional Corporati
3543 Latouche Street
Anchorage, Alaska 995

George B. vonWichma

IN ACCOUNT WITH

Deparmtent of Health & Social Services
P.O.Box 3613
Kenai, Alaska 99611

DATE	NAME CODE	OFFICE EXAM A	EMERGENCY CARE B	SURGERY MINOR SURGERY C	X-RAYS D	CODE	OTHER SERVICE	CREDITS ON ACCOUNT	CREDITS ADJUSTMENTS	BALAN
		RE: Simon, Karla BD 3-5-65								
		Diagnosis: Practure displaced lower third right tibia .								
16-71		Hospital admitted								25.
17-71		Surgery Closed reduction right tibia								+ 270.
									TOTAL	$ 295.
		This is a rebilling of June and August, 1972					33.6-350.380			
										admin

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

A. - IN OFFICE SERVICE PRE-OP OR POST-OP	K. - CAST WITH MATERIALS	XT. - X-RAY THORATIC SPINE/CHEST
B. - BACK EXAMINATION	L. - LOCAL ANESTHETIC ASPIRATION/INJECTION	XV. - X-RAY ARM/LEG
C. - COMPLETE EVALUATION	M. - MISCELLANEOUS & DRESSING	XD. - X-RAY DIGITS
PV. - IN PROVIDENCE HOSP	O. - CONSULTATION/REPORTS	S. - SUPPORTS/SPECIAL SERVICE
PY - IN PRESBYTERIAN HOSP	XN. - X-RAY NECK/SHOULDERS	Y. - LAB CHARGE HERE MEDICATIONS/INJECTIONS
H. - HOSPITAL CARE	XP. - X-RAY LUMBAR SPINE/PELVIS/HIPS	Z - PRESCRIPTIONS CHARGED HERE

PLEASE PA
AMOUNT I
COLUM

IN ACCOUNT WITH

ANCHORAGE MEDICAL AND SURGICAL CLINIC

718 K ST.
ANCHORAGE, ALASKA 99501

Alaska Dept. of Welfare
Room 222 McKay Building
Denali 338
Anchorage, Alaska

DATE	PROFESSIONAL SERVICE RENDERED	
	3-26-73	
	RE: Sternhagen,Erika	
6-18-71	Office Call	10.00
	This has been billed several times, please check into this. Thank you.	
	IRS# 92-001-8977	
	06-33-6-350-380	
	Alma	

NO RECEIPTS SENT UNLESS REQUESTED.
ACCOUNTS ARE PAYABLE WITHIN 30 DAYS.

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 4/1/71

HEALTH INSURANCE CLAIM NUMBER 517-09-0162A

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.

BENEFICIARY'S NAME AND ADDRESS

B.B. Bolden
408 N. Park
Mt. View, Alaska 99504

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	25	12	29	O	02	A.C. Chalmers MD	2
2					O	01		1
3					O	01		5
4								
5					Office to			
6							service 2-7-73	
7					Signature		Date	
8					06-22-3-370-315-71-0070			
9					8-Digit Account Code			
10					OAA 55158-01			

Case or Med. Card No.

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

Remarks

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.

06-33-6-350-380

Your $50.00 deductible has been met for 19 70

CHARGES	TOTAL	NOT ALLOWED	ALLOWED
1	30.00		3000
2	5.00		500
3	10.00	200	800
4			
5			
6			
7			
8			
9			
10			

TOTAL ALLOWED CHARGES	4300
LESS DEDUCTIBLE	
BALANCE OF ALLOWED CHARGES	4300
LESS 20% COINSURANCE	860
MEDICARE PAYS →	3440

BENEFITS PAID TO

~~Ben B. Bolden~~
AC CHALMERS, MD.
3300 PROVIDENCE
ANCH AK 99504

IMR-69047-3-D1

BENEFICIARY'S COPY

CAT. 19389
PRINTED I

Aetna 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 4/1/71

HEALTH INSURANCE CLAIM NUMBER 517-09-0162A

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.

BENEFICIARY'S NAME AND ADDRESS

B. B. Bolden
Ben Bolden

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
L	Other Location
H	Nursing Home

SERVICES

	FIRST DATE MO	FIRST DATE DAY	LAST DATE MO	LAST DATE DAY	LOCATION OF	NUMBER OF	RENDERED BY	DESCRIPTION OF
1	12	22	03	15	0	22	A.C. Chalmers MD	2
2			7/1		0	1		5
3					0	22		5
4								
5								
6								
7								
8								
9								
10								

I certify that ... and hereby authorize the Department ... Officer to effect payment of ... benefits

Signature Ben Bolden 2-7-73

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

8-Digit Account Code

OAA 55158-01

Case or Medicaid Card No.

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

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☐ 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.

06-33-6-350-380

Your $50.00 deductible has been met for 19 71

CHARGES	Marks	TOTAL	NOT ALLOWED	ALLOWED
1		30.00		3000
2		5.00		500
3		10.00	200	300
4				
5				
6				
7				
8				
9				
10				

TOTAL ALLOWED CHARGES	4300
LESS DEDUCTIBLE	1500
BALANCE OF ALLOWED CHARGES	2800
LESS 20% COINSURANCE	560
MEDICARE PAYS	2240

BENEFITS PAID TO

~~Ben B. Bolden~~
AC CHALMERS, M.D.
3300 PROVIDENCE
ANCH. AK. 99504

(MR-69047-3-D)

BENEFICIARY'S COPY

CAT. 193895
PRINTED IN U.S.A.

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 8-9-71

HEALTH INSURANCE CLAIM NUMBER 517-09-0162A

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.

BENEFICIARY'S NAME AND ADDRESS

B. B. Bolden
408 N. Park
Mt. View, AK

Ben Bolden

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	06	21	06	21	7	01	A.C. Chalmers	1
2								
3								
4								
5								
6								
7								
8								
9								
10								

THIS IS NOT A BILL

Ben Bolden Date 2-7-73

06-22-3-370-385-71-0070
6 Digit Accounting Code — Special Data Code

PAA33-158-0
Coder or Med Card No. — Remarks

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

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☐ 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.

06-33-6-350-380

Your $50.00 deductible has been met for 19 71

CHARGES	TOTAL	NOT ALLOWED	ALLOWED
1	15.00		15.00
2	5.00	1.00	4.00
3			
4			
5			
6			
7			
8			
9			
10			

TOTAL ALLOWED CHARGES	19.00
LESS DEDUCTIBLE	—
BALANCE OF ALLOWED CHARGES	19.00
LESS 20% COINSURANCE	3.80
MEDICARE PAYS →	15.20

BENEFITS PAID TO

~~Ben B. Bolden~~
A.C. CHALMERS, MD.
3300 PROVIDENCE
ANCH. AK 99504

(MR-0701)7-3-D)

STATEMENT

AMBULANCE SERVICE

CITY OF FAIRBANKS

No. 3455

Date June 25, 1971

Requested by Leona Allridge Address 4444 Woodriver Phone No. 479-2034

Patient's Name Bernice Allridge Home Address 4444 Woodriver Drive

From 4444 Woodriver Drive To Fairbanks Community Hospital Mileage 16

Nature of Service: Emergency xx Transport Time Rec 1827 25.00

Aid Performed routine 1828 12.00

Driver Willis 1907

First Aider Oberg 1.85

30.85 37.00

BILLING ADDRESS

Bernice Allridge

4444 Woodriver Drive

Fairbanks, Alaska 99701

1 Cert Copy

DIVISION OF PUBLIC WELFARE

APR 2 1973

FAIRBANKS DISTRICT OFFICE

Statement Must Be Returned With Remittance

33-6-380-382

Admin

FAIRBANKS MEDICAL & SURGICAL CLINIC • P. O. BOX 1330 • FAIRBANKS, ALASKA

Internal Medicine
General Practice
General Surgery
Obstetrics - Gynecology
Pediatrics
Ophthalmology
Neurology
Orthopedics

09 G. Straatsma, MD
10 G. Walkup MD
18 G. Murphy M. D.
39 H. Sexton MD

FAMILY CODE:
1. MR.
2. MRS.
3. MISS
4. CHILD

CODE EXPLANATION ON REVERSE SIDE

DATE	CODE	DR.	PT.	CHARGES	CREDITS	BALANCE
11-25-71	09		90275	INTENSIVE CARE (12-2)		60.00
11-25-71	10		90250	LIMITED EET-2 @ 20.00 (12-10, 12-11)		40.00
11-25-71	09		90275	INTENSIVE CARE (12-3)		60.00
11-25-71	09		90250	LIMITED EET-15 @ 20.00 (12-3 thru 12-20)		300.00
11-25-71	09		90630	COMPLEX (12-1)		100.00
11-25-71	10		90610	CONSULT-EXTENSIVE (12-12)		50.00
11-25-71	39		47360	SURGERY ASSIST		80.00
11-25-71	39		39540	SURGERY ASSIST		90.00
11-25-71	18		32500	SURGERY		495.00
11-25-71	39		32500	SURGERY ASSIST		45.00
11-25-71	18		39540	SURGERY		900.00
11-25-71	18		13300	SURGERY		200.00
~~12-9-71~~	~~18~~		~~16015~~	~~SURGERY~~		~~180.00~~
11-25-71	18		47360	SURGERY		800.00
11-29-71	18		10121	SURGERY		100.00
12-1-71	18		31600	SURGERY		243.00
11-25-71	39		13300	SURGERY ASSIST		20.00
~~12-23-71~~	~~18~~		~~85010~~	~~BLOOD COUNT, COMPLETE~~		~~9.60~~
~~1-4-72~~	~~18~~		~~97003~~	~~PT-EXERCISE~~		
~~1-4-72~~	~~18~~		~~97000~~	~~PT-1 MODALITIE~~		12.00
~~1-4-72~~	18		85010	BLOOD COUNT, COMPLETE		9.60

ANY TRANSACTION AFTER THE 25th WILL APPEAR ON YOUR NEXT MONTHLY STATEMENT.

FAIRBANKS MEDICAL & SURGICAL CLINIC Continued
P.O. BOX 1330 • FAIRBANKS, ALASKA 99701

STATEMENT

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

AMOUNT PAID $

FAIRBANKS MEDICAL & SURGICAL CLINIC • P. O. BOX 1330 • FAIRBANKS, ALASKA

CODE EXPLANATION ON REVERSE SIDE

DATE	CODE	DR.	PT.	CHARGES	CREDITS	BALANCE
					Dr.	
1-4-72			90040	BRIEF ET-EST	18	12.00
1-7-72			97000	PT-1 MODALITIE	17	12.00
1-7-72			97003	PT-EXERCISE	17	
1-18-72			90040	BRIEF ET-EST	18	12.00
1-25-72			85050	HEMOGLOBIN, colorimetric	18	3.20
2-1-72			90040	BRIEF ET-EST	18	12.00
2-1-72			99105	ABDOMINAL BELT	18	30.00
						3,875.40

PAID 1/4/73 292.40

STALE DATED BALANCE 3583.00

ANY TRANSACTION AFTER THE 25th WILL APPEAR ON YOUR NEXT MONTHLY STATEMENT.

FAIRBANKS MEDICAL & SURGICAL CLINIC
P.O. BOX 1330 • FAIRBANKS, ALASKA 99701

STATEMENT

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

AMOUNT PAID $

06-33-6-350-380

WHITE: State File
CANARY: State Suspense
PINK: Provider's Copy

Send white & canary copies for payment.

25 Provider Ref 009-934

06

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Health Care Facility Invoice

No. 507685 B

20 PATIENT INFORMATION	STATE USE ONLY	PROVIDER INFORMATION
Coupon or Authorization Number: DPW OAA 32037		Name of Provider: Fairbanks Memorial Hospital
Name of Patient: ANDERSON, Peter A.	Race	
Date of Birth: 06 / 28 / 02 Sex: M [ ] F [x]	Elig. Code	Provider ID Number: FMH 280 Category: 01
Case Number	Resource	Payee ID Number (if different from above)
Have all other payment sources been exhausted? [x] Yes [ ] No		Attending Physician: Raymond Evans, MD ID Number
Comments:		Service Pre-Authorization No. (if applicable)

21 DIAGNOSIS AND PROCEDURES

Date of Admission: 04 / 13 / 71	Ref.Code: 3	Svc.Unit: 1	Primary Diagnosis: Chronic Bronchiectasis	Code: 518
Billing Period: 04 / 13 / 71 thru 04 / 26 / 71		Tot.Days: 13	Secondary Diagnosis	Code
Date of Discharge: 04 / 26 / 71		Dis.Code: 1	Primary Procedure Performed: Non surg inpatient care	Code: 90199
Consulting Physician	ID Number		Secondary Procedure Performed	Code

22 STATEMENT OF SERVICES RENDERED

1	Blood: Pts. Furnished	Pints Replaced	Not Replaced	Charge Per Pint	Charge	
	Accommodation		Days	Rate		
2	1 Bed					
3	2 Beds		13	58.00	754.00	
4	3 or More Beds					
5	Intensive Care					
6	Self Care					
7	Nursery					
8	Operating Room					
9	Anesthesia					
10	Outpatient Services					
11	Blood Administration					
12	Pharmacy				120.90	
13	Radiology				30.00	
14	Laboratory				71.00	
15	Medical & Surgical Supplies				77.65	
16	Physical Therapy					
17	Occupational Therapy					
18	Speech Therapy					
19	Inhalation Therapy					
20	Other (Specify)					
21						
22						

PROVIDER CERTIFICATION

"This is to certify that the foregoing is true, accurate, and complete, and is in compliance with Title VI of the Civil Rights Act of 1964 which precludes exclusion or discrimination on the grounds of race, color, or national origin. I understand that payment and satisfaction of this claim will be from Federal and State funds and that any false claims, statements or documents or concealment of a material fact, may be prosecuted under applicable Federal or State laws."

To the best of my knowledge no other resource exists.

Signature [signature] Date 10/24/73

Remarks:

see attached ledger copy

Resubmittal Indicator		Medical Review	

23 COORDINATION OF OTHER BENEFITS

Other Benefits		Medicare	
Medicare Paid	993.55 0	Co-Ins.	0
Ins. or Other Pd	0	Ded.	60.00
Total	993.55	Total	60.00

Total Charge	1053.55	Less	993.55	Amount Billed	60.00

Revised 6/1/73 06 7015

FROM

Mr. David R. Meek
Northern Regional Correctional Inst.
P.O. Box 317
Fairbanks, Alaska 99707

RETURN TO

Ms. Carolyn Hieb, Credit Mgr.
FAIRBANKS MEMORIAL HOSPITAL
1650 Cowles Street
Fairbanks, Alaska 99701

SUBJECT Kay Cupp Deceased 1-21-72 005-444
State Jail to pay for 2 days only - Hospitalization

DATE 9 /28 /73

MESSAGE

Enclosed you will find the copies of all charges for the above named Kay Cupp. Total charges now stand at $ $ 2,234.50. Please adjust the balance due that was presented to you on 9-26-73 from $ 1,924.34 to the outstanding balance of $ 1,985.89.

Your assistance in this problem is greatly appreciated. If there is anything that I can do to be of any further assistance, please do not hesitate in contacting me at once.

Sincerely,

RETURN TO

Carolyn J. Hieb

SIGNED

Credit Mgr.

REPLY

RECEIVED
OCT 3 11 45 AM '73
FISCAL SERVICES
JUNEAU

SIGNED

DATE / /

Rediform ® 45 471 SEND PARTS 1 AND 3 WITH CARBON INTACT — PART 3 WILL BE RETURNED WITH REPLY

FAIRBANKS COMMUNITY HOSPITAL
FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

DEPT. Lab | PTS. NO. 5-444 | DATE 1/8/72 | TIME 3 A.M. P.M. | E 23969

PRINT PTS. NAME Cupp Kay (LAST FIRST INITIAL)

O.P. ☐ EMG. ☐ | AGE 7 | RM/CU 1

DOCTOR Carter

Hct	4	—

LAB: WANTED → TODAY ☐ STAT ☐ IN A.M. ☑ REC'D BY | TIME A.M. P.M.

CENT. SUP. REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ | B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X RAY CASE NO. | PREVIOUS X RAY YES ☐ NO ☐ | NURSE L Ramsauer | CHART DESK

FAIRBANKS COMMUNITY HOSPITAL
FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

DEPT. Lab | PTS. NO. 5-444 | DATE 1/8/72 | TIME 9 A.M. P.M. | E 23954

PRINT PTS. NAME Cupp, Kay (LAST FIRST INITIAL)

O.P. ☐ EMG. ☐ | AGE | RM/CU 4

DOCTOR Carter

Na	10	—
K	10	—
Cl	10	—
HCO_3	10	—
Ca	10	—

LAB: WANTED → TODAY ☐ STAT ☐ IN A.M. ☑ REC'D BY | TIME A.M. P.M.

CENT. SUP. REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ | B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X RAY CASE NO. | PREVIOUS X RAY YES ☐ NO ☐ | NURSE E Collins | CHART DESK RM

X

FAIRBANKS COMMUNITY HOSPITAL

DEPARTMENTAL CHARGES — FAIRBANKS, ALASKA

DEPT. Lab | PTS. NO. 5-444 | DATE 1/8/72 | TIME 3 A.M. P.M. | E 23963

PRINT PTS. NAME Cupp (LAST) Kay (FIRST) (INITIAL)

O.P. ☐ EMG. ☐ | AGE 47 | ROOM ICU 4

DOCTOR Carter

Na, K, Cl, HCO_3, Column	50	—

LAB: WANTED → TODAY ☐ STAT ☐ IN A.M. ☒ REC'D BY | TIME A.M. P.M.

CENT. SUP REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ | B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY: CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X-RAY CASE NO. | PREVIOUS X-RAY YES ☐ NO ☐ | NURSE L Bazzell | CHART DESK

FAIRBANKS COMMUNITY HOSPITAL

DEPARTMENTAL CHARGES — FAIRBANKS, ALASKA

DEPT. Lab. | PTS. NO. 5-444 | DATE 1/8/72 | TIME | A.M. P.M. | E 23925

PRINT PTS NAME Cupp (LAST) Kay (FIRST) (INITIAL)

O.P. ☐ EMG. ☐ | AGE 47 | ROOM ICU-4

DOCTOR Murphy / Carter

Na, K Cl at 6PM 1-8-72	30	—
& Hct	4	—
Coag	5	—

LAB. WANTED → TODAY ☒ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT. SUP REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ | B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY: CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X-RAY CASE NO. | PREVIOUS X-RAY YES ☐ NO ☐ | NURSE G. Lincoln RN | CHART DESK ICU

FAIRBANKS COMMUNITY HOSPITAL
FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

DEPT. Lab | PTS. NO. 005-444 | DATE 1/8/72 | TIME A.M. P.M. | E 24053

PRINT PTS. NAME Cupp, KAY (LAST, FIRST, INITIAL)

O.P. ☐ EMG. ☐ | AGE 41 | ROOM ICU-4

DOCTOR Carter

Credit Sens. on urine Cult 1/7	10

LAB: WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ | REC'D BY | TIME A.M. P.M.

CENT. SUP. REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ | B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY | CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X-RAY CASE NO. | PREVIOUS X-RAY YES ☐ NO ☐ | NURSE | CHART DES.

FAIRBANKS COMMUNITY HOSPITAL
FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

DEPT. Lab | PTS. NO. 5-444 | DATE 1/8/72 | TIME 9 A.M. P.M. | E 23955

PRINT PTS. NAME Cupp, Kay (LAST, FIRST, INITIAL)

O.P. ☐ EMG. ☐ | AGE | ROOM ICU-4

DOCTOR Carter

Hct	21

LAB: WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ | REC'D BY | TIME A.M. P.M.

CENT. SUP. REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ | B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY | CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X-RAY CASE NO. | PREVIOUS X-RAY YES ☐ NO ☐ | NURSE Collins | CHART DES.

FAIRBANKS COMMUNITY HOSPITAL

DEPARTMENTAL CHARGES — FAIRBANKS, ALASKA

DEPT. C's | PTS. NO. 5-444 | DATE 1/16/92 | TIME 8 A.M. P.M. | E 23924

PRINT PTS. NAME Cupp Kay (LAST FIRST INITIAL)

O.P. ☐ EMG. ☐ | AGE 24 | SEX F | ROOM C/CU-4

DOCTOR Carter

Metrizet	2	50

LAB WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT SUP REC'D BY | GIVEN BY | RET'D BY

DEL RM M ☐ F ☐ | B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X RAY CASE NO | PREVIOUS X RAY | YES ☐ NO ☐ | NURSE L Ramsey | CHART DESK

DEPARTMENTAL CHARGES — FAIRBANKS, ALASKA

DEPT CS | PTS. NO. 5-444 | DATE 1/16/92 | TIME A.M. P.M. | E 23723

PRINT PTS. NAME Cupp, Kay (LAST FIRST INITIAL)

O.P. ☐ EMG. ☐ | AGE 46 | SEX F | ROOM CCU #1

DOCTOR Carter

1 Foley Procedure Manual	4	00
Myocare ICU		

LAB WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT SUP REC'D BY | GIVEN BY | RET'D BY

DEL RM M ☐ F ☐ | B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X RAY CASE NO | PREVIOUS X RAY | YES ☐ NO ☐ | NURSE N. Jennings, LVN | CHART DESK CC

FAIRBANKS COMMUNITY HOSPITAL
FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

DEPT. CS | PTS. NO. 5-444 | DATE 1/8/72 | TIME P.M. | E 23921

PRINT PTS. NAME Cupp Kay
LAST FIRST INITIAL

O.P. ☐ EMG. ☐ | AGE 44 | ROOM 405

DOCTOR Cantay/Murphy

1 pr Teds -	6	50

LAB: WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT. SUP. REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY: CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X-RAY CASE NO. | PREVIOUS X-RAY YES ☐ NO ☐ | NURSE K. Sullivan | CHART DESK

FAIRBANKS COMMUNITY HOSPITAL
FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

DEPT Office | PTS. NO 5-444 | DATE 1/8/72 | TIME 11 A.M. P.M. | E 23935

PRINT PTS. NAME Cupp, Kay
LAST FIRST INITIAL

O.P. ☐ EMG. ☐ | AGE 44 | ROOM 405

DOCTOR Cantay

Roll Charge		
3P-11P		
Total 8 hours	66	00

LAB: WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT. SUP. REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY: CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X-RAY CASE NO. | PREVIOUS X-RAY YES ☐ NO ☐ | NURSE Caballero | CHART DESK Rec

X

FAIRBANKS COMMUNITY HOSPITAL
— FAIRBANKS, ALASKA —
DEPARTMENTAL CHARGES

E 23653

DEPT. ICU | PTS. NO 5-444 | DATE 1/8/72 | TIME | A.M. P.M.

PRINT PTS. NAME Cupp, Kay (LAST, FIRST, INITIAL)

O.P. ☐ EMG. ☐ | AGE 46 | ROOM ICU #4

DOCTOR Carter

ICU Charges		
7A - 3P		
Total = 8 hrs.		66 00

LAB WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ | REC'D BY | TIME A.M. P.M.

CENT. SUP. REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ | B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X RAY CASE NO. | PREVIOUS X RAY | YES ☐ NO ☐ | NURSE M. Jennings, LVN | CHART DESK ICU

FAIRBANKS COMMUNITY HOSPITAL
— FAIRBANKS, ALASKA —
DEPARTMENTAL CHARGES

E 23651

DEPT. ICU | PTS. NO 5-444 | DATE 1/8/72 | TIME 7 | A.M. P.M.

PRINT PTS. NAME Cupp, Kay (LAST, FIRST, INITIAL)

O.P. ☐ EMG. ☐ | AGE 46 | ROOM ICU #4

DOCTOR Carter

ICU Charges		
11 - 7		
total 8 hrs		66 00

LAB WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ | REC'D BY | TIME A.M. P.M.

CENT. SUP. REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ | B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X RAY CASE NO. | PREVIOUS X RAY | YES ☐ NO ☐ | NURSE [illegible] | CHART DESK ICU

FAIRBANKS COMMUNITY HOSPITAL
FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

PTS. NO. 005-444 DATE 3/7/72 TIME 12 A.M. P.M.

E 14930

PRINT PTS. NAME Cupp, Kay (LAST / FIRST / INITIAL)

O.P. ☐ EMG. ☐ AGE 26 EK

DOCTOR Roth

Stat Bl sugar	10 —
Bl alcohol	28 —
CBC	10 —
SHIPPING	5 —

LAB WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY TIME A.M. P.M.

CENT. SUP. REC'D BY GIVEN BY RET'D BY

DEL. RM. M ☐ F ☐ B. DATE / / TIME OF BIRTH A.M. ☐ P.M. ☐ TOTAL

X-RAY: CLIN. IND. FOR EXAM. TAX

WHEEL CHAIR BEDSIDE CARRIER PT. CAN STAND TOTAL

X RAY CASE NO. PREVIOUS X-RAY YES ☐ NO ☐ NURSE S McDonald CHART DESK

FAIRBANKS COMMUNITY HOSPITAL
FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

DEPT. ICU PTS. NO. 005-444 DATE 7/7/71 TIME A.M. P.M.

E 23908

PRINT PTS. NAME Cupp, Kay (LAST / FIRST / INITIAL)

O.P. ☐ EMG. ☐ AGE 44 ICU #4

DOCTOR Cole

Alk Phos — Draw today	12 —
Bili — (Run tomorrow)	20 —
SGOT	12 —

LAB WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY TIME A.M. P.M.

CENT. SUP. REC'D BY GIVEN BY RET'D BY

DEL. RM. M ☐ F ☐ B. DATE / / TIME OF BIRTH A.M. ☐ P.M. ☐ TOTAL

X-RAY: CLIN. IND. FOR EXAM. [illegible] TAX

WHEEL CHAIR BEDSIDE CARRIER PT. CAN STAND TOTAL

X RAY CASE NO. PREVIOUS X-RAY YES ☐ NO ☐ NURSE K Freeman[illegible] CHART DESK ICU

FAIRBANKS COMMUNITY HOSPITAL
DEPARTMENTAL CHARGES
FAIRBANKS, ALASKA

DEPT. Lab | PTS. NO. 005-444 | DATE 1/6/71 | TIME | A.M. P.M. | D 24255

PRINT PTS. NAME Cupp, Kay (LAST, FIRST, INITIAL)

O.P. ☐ EMG. ☐ | AGE 46 | SEX Fem

DOCTOR Carter

Routine UA (S+A+)		
Serology	6	—
Culture + Sensitivity	30	—

LAB: WANTED → TODAY ☐ STAT ☑ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT. SUP. REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY: CLIN. IND. FOR EXAM. Unconscious | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X-RAY CASE NO. | PREVIOUS X-RAY YES ☐ NO ☐ | NURSE K Freeman | CHART DESK ICU

FAIRBANKS COMMUNITY HOSPITAL
DEPARTMENTAL CHARGES
FAIRBANKS, ALASKA

DEPT. Lab | PTS. NO. S-444 | DATE 1/7/72 | TIME 3:45 A.M. (P.M.) | E 23911

PRINT PTS. NAME Cupp, Kay (LAST, FIRST, INITIAL)

O.P. ☐ EMG. ☐ | AGE ? | SEX | ICU-4

DOCTOR Carter / Murphy

(27)

Type + cross for 3 Units Blood	81	
type Rh	12	—

LAB: WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT. SUP. REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY: CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X-RAY CASE NO. | PREVIOUS X-RAY YES ☐ NO ☐ | NURSE Mcollins | CHART DESK ICU

FAIRBANKS COMMUNITY HOSPITAL
FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

DEPT. X Ray | PTS. NO. 005-444 | DATE 1/7/72 | TIME 12 20 A.M. P.M. | E 5870

PRINT PTS. NAME Cupp (LAST) Kay (FIRST) (INITIAL) — ICU

O.P. ☐ EMG. ☐ | AGE 44/F | ROOM

DOCTOR Reed

Skull 4 views	45	—

LAB: WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT. SUP. REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY: CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X RAY CASE NO. 72-119 | PREVIOUS X-RAY YES ☐ NO ☐ | NURSE Mildred | CHART DESK

FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

DEPT. X-Ray | PTS. NO. 005-444 | DATE 1/7/72 | TIME A.M. P.M. | E 15997

PRINT PTS. NAME Cupp, Kay (LAST) (FIRST) (INITIAL)

O.P. ☐ EMG. ☐ | AGE 44 | ROOM ICU

DOCTOR Murphy

Dist. Cortical Antemegrum)	50	00

LAB: WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT SUP REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X RAY CASE NO. 72-132 | PREVIOUS X-RAY YES ☐ NO ☐ | NURSE E. Johnson | CHART DESK OR

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FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

PRINT PTS. NAME Cupp, Kay INITIAL P.M. E 10520

O.P. ☐ EMG. ☐ AGE 45 SEX F

DOCTOR Carter / Murphy

Cells	
Spinal fluid for: Cultures	4 —
Protein	20 —
C&K	10 —
	5 —
SHIPPING (DRY ICE)	10 —

LAB: WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY

CENT. SUP. REC'D BY | GIVEN BY | RET'D BY | TIME A.M. P.M.

DEL. RM. M ☐ F ☐ B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY: CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X RAY CASE NO. | PREVIOUS X-RAY | YES ☐ NO ☐ | NURSE C Collins | CHART DESK ICU

FAIRBANKS COMMUNITY HOSPITAL
FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

DEPT. LT | PTS. NO. 665444 | DATE / / | TIME 9 A.M. P.M. | E 10520

PRINT PTS. NAME Cupp LAST Kay FIRST INITIAL

O.P. ☐ EMG. ☐ AGE 45 SEX F

DOCTOR Murphy

Total Protein (24 hrs	60	00
Microscopic	5	00

LAB: WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT. SUP. REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL 65 00

X-RAY: CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X RAY CASE NO. | PREVIOUS X-RAY | YES ☐ NO ☐ | NURSE | CHART DESK

FAIRBANKS COMMUNITY HOSPITAL
FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

DEPT. IT | PTS NO. 5-444 | DATE 1/7/72 | TIME | A.M. P.M. | E 23912

PRINT PTS. NAME Cupp, Ray (LAST, FIRST, INITIAL)

O.P. EMG | AGE 44 | ROOM ICU-4

DOCTOR Mundy

7.5 mm Endotrach Tube	5	00
36 FG Tracheotomy Tube	12	50
Cont. vent. Respiration 3 hrs on 1/7/72 - Daily Max 11/12/72	80	00
O2 13½ hrs	27	00
Heated Aerosol O2 x 27 hrs. + set up	97	50

LAB WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT SUP REC'D BY | GIVEN BY | RET'D BY

DEL RM M ☐ F ☐ | B DATE / / | TIME OF BIRTH A.M. ☐ P.M. ☐ | TOTAL 322 00

X-RAY CLIN. IND. FOR EXAM. | TAX | TOTAL

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND

X RAY CASE NO. | PREVIOUS X RAY YES ☐ NO ☐ | NURSE (C2) | CHART DESK

FAIRBANKS COMMUNITY HOSPITAL
FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

DEPT. Surg. | PTS. NO. 005-444 | DATE 1/7/72 | TIME | A.M. P.M. | E 15761

PRINT PTS. NAME Cupp, Ray (LAST, FIRST, INITIAL)

O.P. EMG | AGE 44 | ROOM ICU

DOCTOR Head injured (subdural hemorrhage) Murphy

Anes. 4:45 pd.	(2) 3M Hafers - Pediatric	10 00
Surg. 4:40	{ Arteriograms	350 00
Surg. 8:40	{ Craniotomy - TRACHEOSTOMY	
Anes. 8:50	Anes. Asst.	80 -
HT 61310	Anes. Admin.	340 -

LAB WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT SUP REC'D BY | GIVEN BY | RET'D BY

DEL RM M ☐ F ☐ | B DATE / / | TIME OF BIRTH A.M. ☐ P.M. ☐ | TOTAL

X-RAY CLIN. IND. FOR EXAM | TAX | TOTAL

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND

X RAY CASE NO. | PREVIOUS X RAY YES ☐ NO ☐ | NURSE | CHART DESK

Dr. Qureshi Ben. O.R.

FAIRBANKS COMMUNITY HOSPITAL
FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

DEPT. P.S. | PTS. NO. 5-4144 | DATE 1/17/72 | TIME | A.M. P.M. | E 3751

PRINT PTS. NAME Cupp, Kay (LAST, FIRST, MIDDLE)

O.P. ☐ EMG. ☐ | AGE 4 | SEX F

DOCTOR Curtis Murphy

1000 cc NS @ 100 cc/hr	0.5	1 75
Refuse to void, glucose		

LAB: WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT. SUP. REC'D BY | GIVEN BY | RET'D BY

DEL. RM M ☐ F ☐ | B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY | CLIN. IND. FOR EXAM | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X-RAY CASE NO. | PREVIOUS X-RAY YES ☐ NO ☐ | NURSE | CHART DESK

FAIRBANKS COMMUNITY HOSPITAL
FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

DEPT. C.S. | PTS. NO. 005-4144 | DATE 1/7/72 | TIME | A.M. P.M. | E 17618

PRINT PTS. NAME Cupp, Kay (LAST, FIRST, MIDDLE)

O.P. ☐ EMG. ☐ | AGE 4 YRS | SEX F

DOCTOR Curtis Murphy

50 Lan Viscerate (used in therapy)	1	20 00

LAB: WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT. SUP. REC'D BY | GIVEN BY | RET'D BY

DEL. RM M ☐ F ☐ | B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY | CLIN. IND. FOR EXAM | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X-RAY CASE NO. | PREVIOUS X-RAY YES ☐ NO ☐ | NURSE | CHART DESK

FAIRBANKS COMMUNITY HOSPITAL
FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

DEPT. C S. | PTS. NO. 005-444 | DATE 1/7/71 | TIME 2 A.M. P.M. | E 4243

PRINT PTS. NAME (LAST) 4p (FIRST) Kay

O.P. ☐ EMG. ☐ | AGE | ROOM ICU

DOCTOR Carter, Murphy

1 thermometer	3 00
1 doz. (1 pr. pkg) sterile gloves	11 80
1 doz. suction catheters	18 00
replace to ICU, please	
1000cc Sterile Water	1 25

LAB. WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.
CENT SUP REC'D BY | GIVEN BY | RET'D BY
DEL. RM M ☐ F ☐ | B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL
X-RAY: CLIN. IND. FOR EXAM. | TAX
WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL
X-RAY CASE NO | PREVIOUS X RAY | YES ☐ NO ☐ | NURSE | CHART DESK

FAIRBANKS COMMUNITY HOSPITAL
FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

DEPT. C. S. | PTS. NO. 5-444 | DATE 1/7/72 | TIME | A.M. P.M. | E 23775

PRINT PTS NAME (LAST) 4p, (FIRST) Kay (INITIAL)

O.P. ☐ EMG. ☐ | AGE | ROOM ICU.

DOCTOR Carter/Murphy

3 4x4	55
Purchase to ICU	

LAB. WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.
CENT SUP REC'D BY | GIVEN BY | RET'D BY
DEL. RM M ☐ F ☐ | B DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL
X-RAY CLIN. IND FOR EXAM | TAX
WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL
X-RAY CASE NO | PREVIOUS X RAY | YES ☐ NO ☐ | NURSE C Smith RN | CHART DESK ICU

FAIRBANKS COMMUNITY HOSPITAL

— FAIRBANKS, ALASKA —

DEPARTMENTAL CHARGES

DEPT. CS	PTS. NO. 5-444	DATE 1/7/72	TIME 3	A.M. / P.M. (circled)

PRINT PTS. NAME: Cupp, Kay (LAST / FIRST / INITIAL)

O.P. ☐ EMG. ☐ AGE — ROOM: ICU

DOCTOR: Carter

1 50cc Omni Syringe	1	00
1 Sterile Needle		25
[illegible] (struck through)		
Replace to ICU		

LAB. WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY — TIME — A.M. / P.M.

CENT. SUP. REC'D BY — GIVEN BY — RET'D BY

DEL. RM. M ☐ F ☐ B. DATE / / TIME OF BIRTH — A.M. ☐ P.M. ☐ TOTAL

X-RAY: CLIN. IND. FOR EXAM. — TAX

WHEEL CHAIR — BEDSIDE — CARRIER — PT. CAN STAND — TOTAL

X RAY CASE NO — PREVIOUS X-RAY — YES ☐ NO ☐ — NURSE: [illegible signature] — CHART DESK: [illegible]

FAIRBANKS COMMUNITY HOSPITAL

— FAIRBANKS, ALASKA —

DEPARTMENTAL CHARGES

DEPT. CS	PTS. NO. 005-444	DATE 1/7/72	TIME	A.M. / P.M.

C 39493

PRINT PTS. NAME: Cupp Kay (LAST / FIRST / INITIAL)

O.P. ☐ EMG. ☐ AGE — ROOM: ICU

DOCTOR: Carter

[illegible]tube - 1		2 [illegible]
Replace to ICU		

LAB. WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY — TIME — A.M. / P.M.

CENT. SUP. REC'D BY — GIVEN BY — RET'D BY

DEL. RM. M ☐ F ☐ B. DATE / / TIME OF BIRTH — A.M. ☐ P.M. ☐ TOTAL

X-RAY: CLIN. IND. FOR EXAM. — TAX

WHEEL CHAIR — BEDSIDE — CARRIER — PT. CAN STAND — TOTAL

X RAY CASE NO — PREVIOUS X RAY — YES ☐ NO ☐ — NURSE: [illegible] RN — CHART DESK

FAIRBANKS COMMUNITY HOSPITAL
FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

E 29756

DEPT. C.S | PTS. NO. 005 441 | DATE 7/1/72 | TIME A.M. P.M.

PRINT PTS. NAME: Cupp (LAST) Kay (FIRST) INITIAL

O.P. ☐ EMG. ☐ | AGE | ROOM 9. CU-4

DOCTOR: Carter

1 - Xxxxxx Pxxxxxx Set — 4.00

Released to ICU

LAB: WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT SUP. REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ | B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY: CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X-RAY CASE NO. | PREVIOUS X-RAY YES ☐ NO ☐ | NURSE: M. Riley RN | CHART DESK: ICU

FAIRBANKS COMMUNITY HOSPITAL
FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

E 29890

DEPT. C.S | PTS. NO. 005-441 | DATE 7/7/72 | TIME A.M. P.M.

PRINT PTS. NAME: Cupp (LAST) Kay (FIRST) INITIAL

O.P. ☐ EMG. ☐ | AGE | ROOM 9 CU-4

DOCTOR: Carter

2 - 4x4's — 55

Replace to ICU

LAB: WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT SUP. REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ | B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY: CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X-RAY CASE NO. | PREVIOUS X-RAY YES ☐ NO ☐ | NURSE: M. Riley RN | CHART DESK: ICU

FAIRBANKS COMMUNITY HOSPITAL
FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

DEPT. OPTICS | PTS. NO. 005-444 | DATE 1/7/72 | TIME | A.M. P.M. | E 23821

PRINT PTS. NAME Cupp Kay (LAST FIRST INITIAL)

O.P. ☐ EMG. ☐ | AGE 5 | SEX C/F

DOCTOR Carter

1 - Closed drainage Unit	1	25
1 IV Burrey stopcock		25
Replace To ICU		

LAB: WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT. SUP. REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X-RAY CASE NO. | PREVIOUS X-RAY YES ☐ NO ☐ | NURSE V. Riley RN | CHART DESK

FAIRBANKS COMMUNITY HOSPITAL
FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

DEPT. C.S. | PTS. NO. 005-444 | DATE 1/7/72 | TIME | A.M. P.M. | D 100448

PRINT PTS. NAME Cupp, Kay (LAST FIRST INITIAL)

O.P. ☐ EMG. ☐ | AGE 50 | SEX F

DOCTOR Carter

1 Foley Cath set	7	25
1 irrigation	3	00
L.R. Irrig	15	00
6		

LAB: WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT. SUP. REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY CLIN. NO. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X-RAY CASE NO. | PREVIOUS X-RAY YES ☐ NO ☐ | NURSE V. Riley RN | CHART DESK

FAIRBANKS COMMUNITY HOSPITAL

FAIRBANKS, ALASKA

DEPARTMENTAL CHARGES

DEPT. CS | PTS. NO. 005-444 | DATE 1/7/72 | TIME | A.M. P.M. | E 29731

PRINT PTS. NAME (LAST, FIRST, INITIAL): Cupp Kay

O.P. ☐ EMG. ☐ | AGE | ROOM I.C.U. 4

DOCTOR: Porter

Vensegth #18	2 00
Rentseo To ICU	

LAB: WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT. SUP. REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ | B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY: CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X-RAY CASE NO. | PREVIOUS X-RAY YES ☐ NO ☐ | NURSE T. Kelley RN | CHART DESK ICU

FAIRBANKS COMMUNITY HOSPITAL

FAIRBANKS, ALASKA

DEPARTMENTAL CHARGES

DEPT. Rx | PTS. NO. 005-444 | DATE 1/7/72 | TIME | A.M. P.M. | E 23984

PRINT PTS. NAME (LAST, FIRST, INITIAL): Cupp Kay

O.P. ☐ EMG. ☐ | AGE 46 | ROOM ICU

DOCTOR:

Keflin cntf 500 mg	10 ray	28 25
1000 cc Normal saline	IV	6 50
1000 cc Lact Ringers	IV	8 00

LAB: WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT. SUP. REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ | B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY: CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X-RAY CASE NO. | PREVIOUS X-RAY YES ☐ NO ☐ | NURSE Ro— | CHART DESK

FAIRBANKS COMMUNITY HOSPITAL
FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

E 3529

DEPT. Lab | PTS. NO. 665-444 | DATE 7/7/71 | TIME | A.M. P.M.

PRINT PTS. NAME Lupo, Kay
LAST FIRST INITIAL

O.P. ☐ EMG. ☐ | AGE 24/12 | ROOM Lab #4

DOCTOR Carter

Hemoccult	12/7/71	10 —
Ova		20 —

LAB. WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ | REC'D BY | TIME A.M. P.M.

CENT. SUP. | REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ | B. DATE / / | TIME OF BIRTH | A.M ☐ P.M. ☐ | TOTAL

X-RAY: CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X-RAY CASE NO. | PREVIOUS X-RAY YES ☐ NO ☐ | NURSE K Freeman | CHART DESK Jan

FAIRBANKS COMMUNITY HOSPITAL

DEPARTMENTAL CHARGES — FAIRBANKS, ALASKA

DEPT. ICU | PTS. NO. 005-44 | DATE 7/7/71 | TIME | A.M. P.M. | E 23907

PRINT PTS. NAME Cupp, Kay (LAST, FIRST, INITIAL)

O.P. ☐ EMG. ☐ | AGE 44 | SEX F

DOCTOR Carter

Charges		
Pro Time.	8	—
Clothing Time	15	—

LAB WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT SUP. REC'D BY | GIVEN BY | RET'D BY

DEL RM M ☐ F ☐ | B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY CLIN. IND. FOR EXAM. Anemia-cum | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X-RAY CASE NO. | PREVIOUS X-RAY YES ☐ NO ☐ | NURSE | CHART DESK

FAIRBANKS COMMUNITY HOSPITAL

DEPARTMENTAL CHARGES — FAIRBANKS, ALASKA

DEPT. ICU | PTS. NO. 5-44 | DATE 7/7/72 | TIME 3 P.M. | E 23913

PRINT PTS. NAME Cupp, Kay (LAST, FIRST, INITIAL)

O.P. ☐ EMG. ☐ | AGE 37 | SEX F

DOCTOR Carter / Murphy

ICU Charge		
1 30 P → 1 3 P		
Total 1 hour, 30 min	14	00
Total - 10 hrs	70	00

LAB WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT SUP. REC'D BY | GIVEN BY | RET'D BY

DEL RM M ☐ F ☐ | B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X-RAY CASE NO. | PREVIOUS X-RAY YES ☐ NO ☐ | NURSE | CHART DESK

Collins

FAIRBANKS COMMUNITY HOSPITAL
FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

E 15734

DEPT. Pharm. | PTS. NO. 005-444 | DATE 1/7/72 | TIME | A.M. P.M.

PRINT PTS. NAME Cupp, Kay — LAST, FIRST, INITIAL

O.P. ☐ EMG. ☐ | AGE 46 | ROOM SCU

DOCTOR

Drug	Thrombin 2 vials	7	10
CS	CVP set	4	25
OR	EKG monitor	10	50
CS	Urea	20	00
Drug	Chloramphenicol 3 grams	17	50

LAB WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT. SUP. REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ | B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X RAY CASE NO. | PREVIOUS X RAY | YES ☐ NO ☐ | NURSE E. Bleggi | CHART DESK O.R.

FAIRBANKS COMMUNITY HOSPITAL
FAIRBANKS, ALASKA
DEPARTMENTAL CHARGES

E 15762

DEPT. Lab. | PTS. NO. 005-444 | DATE 1/7/72 | TIME | A.M. P.M.

PRINT PTS. NAME Cupp, Kay — LAST, FIRST, INITIAL

O.P. ☐ EMG. ☐ | AGE 46 | ROOM SCU

DOCTOR Murphy

Blood 1 unit Admin	15	—
Processing	18	—
Replacement	25	—
HAA testing	5	—

LAB WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT. SUP. REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ | B. DATE / / | TIME OF BIRTH | A.M. ☐ P.M. ☐ | TOTAL

X-RAY CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | PT. CAN STAND | TOTAL

X RAY CASE NO. | PREVIOUS X RAY | YES ☐ NO ☐ | NURSE E. Bleggi | CHART DESK O.R.

FAIRBANKS COMMUNITY HOSPITAL
— FAIRBANKS, ALASKA —
DEPARTMENTAL CHARGES

E 15978

DEPT Lab. | PTS. NO 005-444 | DATE 1/7/72 | TIME A.M. P.M.

PRINT PTS. NAME Cubb, Kay
(LAST) (1ST) (MID.)

O.P. ☐ EMG. ☐ | AGE 46 | SEX F

DOCTOR Mumford

Electrolytes	15	—
Blood Count		
Pregnancy	18	—
Reticulocyte	25	—
HAA Testing	5.	—

LAB: WANTED → TODAY ☐ STAT ☐ IN A.M. ☐ REC'D BY | TIME A.M. P.M.

CENT. SUP. REC'D BY | GIVEN BY | RET'D BY

DEL. RM. M ☐ F ☐ | B. DATE / / | TIME OF BIRTH A.M. ☐ P.M. ☐ | TOTAL

X-RAY: CLIN. IND. FOR EXAM. | TAX

WHEEL CHAIR | BEDSIDE | CARRIER | IT. CAN STAND | TOTAL

X-RAY CASE NO. | PREVIOUS X-RAY YES ☐ NO ☐ | NURSE E. Bluss | CHART DESK O.R.

Cupp, KAY (46) 303 005-444 65 1/7/72 12:20pm

Page 2

Kay Cupp
916 23rd Street
Fairbanks, Alaska 99701

E & TIME
DISCHARGE
-21-72

Expired 6:45pm

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

SELF PAY

E	DESCRIPTION	SUNDRY	DRUGS	MEDICAL & SURGICAL SUPPLY	X-RAY	LAB.	DAILY HOSPITAL SERVICE	CREDITS	BALANCE	OLD BALANCE
					BALANCE FORWARDED					5,292.45
19	CR	95.00		12.00	40.00					
19	ES 02	20.00		113.00						
19	AM	40.00					64.00		5,676.45	5,676.45
20	PM	8.50	294.25	71.30		44.00	64.00		6,158.50	6,158.50
21			31.90	4.45						
21			77.50						6,272.35	6,272.35
1				77.50					6,272.35	
5-1-										
							05-05-72			6,234.85* 0
							05-24-72			
5-21-72										
										6222.35*
							05-24-72			6,222.35* 1
21S18 ST OF AK							10-30-72	-29		5,973.74* 2

SUB TOTALS	163.50	494.45	909.75		TOTAL CHARGES	—	
					LESS: COVERAGE		
					DUE FROM PATIENT		

EXPLANATION OF SYMBOLS

ANESTHESIA	EKG ELECTROCARDIOGRAM	◇ DEPARTMENTAL CREDIT	PHY } PHYSIOTHERAPY	TEL TELEPHONE
BLOOD	ES EMERGENCY SURGERY (OR SERVICES)	OR OPERATING ROOM	PT }	TI TISSUE
ADMISSION	IN INHALATORS	O2 } OXYGEN	PL PLASMA	TR TRANSFUSION
RECOVERY ROOM	NSF NEARING SERVICE	OXY }	REF REFUND	XT X-RAY THERAPY

CUPP, Kay NMI (46) Er 005-444 1-7-72 @12:20pm
~~ICU~~ 1-7 @1:10pm
303 1/15/72

Kay Cupp
916 23rd
Fairbanks, Alaska
99701

FAIRBANKS COMMUNITY HOSPITAL

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

TE & TIME DISCHARGE

TE	DESCRIPTION		SUNDRY	DRUGS	MEDICAL & SURGICAL SUPPLY	X-RAY	LAB.	DAILY HOSPITAL SERVICE	CREDITS	BALANCE	OLD BALANCE
7								70.00		70.00	70.00
8								168.00		238.00	238.00
9	ES		8.50	52.8	179.2	127.0	497.00				
9		IV	360.00	14.5							
9	ES	TR	80.00		30.00						
9		BB	340.00				36.00				
9	WS	02	50.00		222.00		30.00	168.00		2433.10	2433.10
10					13.60		351.00				
10		02			65.00			168.00		3030.70	3030.70
11	PHY		17.00		42.00						
11	ICU							168.00		3257.70	3257.70
12	PH		8.50	404.95	11.50	26.00	50.00				
12	ICU	02			65.00			168.00		3991.65	3991.65
13	PH		17.00		24.05		30.00				
13	ICU				60.00			168.00		4290.70	4290.70
14	ICU							168.00		4458.70	4458.70
15	ICU							147.00			
15								10.80		4616.50	4616.50
16	PH		8.50	68.35	43.20		45.00				
16		02			57.50			64.00		4903.05	4903.05
17	PH		8.50		33.80						
17		02			202.00			64.00		5201.35	5201.35
18	PHY		8.50		18.60			64.00		5292.45	
SUB TOTALS									TOTAL CHARGES		
									LESS COVERAGE		
									DUE FROM PATIENT		

EXPLANATION OF SYMBOLS

◇ DEPARTMENTAL CREDIT
OR OPERATING ROOM
02 } OXYGEN
OXY }
PHY } PHYSIOTHERAPY
PT }
PL PLASMA
REF REFUND
TEL TELEPHONE
TV TELEVISION
IN TRANSFUSION
RT RADIATION THERAPY

Ætna LIFE & CASUALTY

EXPLANATION OF MEDICARE BENEFITS

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

Prepared By: CC3

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

DATE: 2-23-72

HEALTH INSURANCE CLAIM NUMBER: 574-12-3879 M

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.

BENEFICIARY'S NAME AND ADDRESS:
R. Kirsch
Carriage House
Anchorage, AK

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	DAY	LAST DATE MO	DAY	LOCATION OF	NUMBER OF	RENDERED BY	DESCRIPTION OF
1	03	23	03	24	O	01	L. D. Ferrucci, MD	1
2	1971							
3								
4								
5	Check Mail 3-1-72							
6	06-33-6-350-385							
7								
8	AP 50613-01 Medicare							
9								
10					Refuses to pay			

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.

06-33-6-350-380

~~Your $50.00 deductible has been met for 19~~ 71

BENEFITS PAID TO:
L. D. Ferucci, MD
Prof. Prof. Bldg #204
Anchorage, AK 99504

CHARGES

	TOTAL	NOT ALLOWED	ALLOWED
1	30.00		3[illegible]
2			
3			
4			
5			
6			
7			
8			
9			
10			

TOTAL ALLOWED CHARGES	
LESS DEDUCTIBLE	5.00
BALANCE OF ALLOWED CHARGES	2[illegible]
LESS 20% COINSURANCE	15.00
MEDICARE PAYS	[illegible]

STATEMENT

LEONARD D. FERUCCI, M.D.

OBSTETRICS & GYNECOLOGY

Providence Professional Bldg. Suite 304 3300 Providence Rd.
Phone 279-0588 (24 Hours) Anchorage, Alaska

RECEIVED
MAR 9 1973
Division of Family & Children Services

DATE	FAMILY MEMBER	DESCRIPTION	CHARGE	CREDITS PAYMENTS	CREDITS ADJ.	CURRENT BALANCE
		BALANCE FORWARD →				
	RE: ROSE M. KIRSCH					
/23/7	Rose	Initial GYN exam.	$30.00			
		Lab. Fee: Pap	6.00			$36.00
		XXXX	XXXX			XXXXX
28/72	Received from Medicare			$20.00		~~$16.00~~
						10.00

Stale Date

PLEASE PAY LAST AMOUNT THIS COLUMN →

IG—Initial GYN
IOB—Initial OB
ROB—Return OB
FUV—Follow-Up Visit
OC—Office Call
CZ—Cauterize
IUD—I.U.D.
IJ—Injection
LAB—Laboratory
IP—Insurance Papers
CC—Circumcision
BI—Biopsy
C—Consultation
HC—Hospital Care
S—Surgery

G. O. GOULD, D.D.S.
1080 FIREWEED LANE
SPENARD, ALASKA 99503

9-17-73

Re: Danny Davidson
Mother Anita Amick
Welfare
Dentist Robert Biggs

Billing for Danny Davidson

12-8-69	#30 FO	Amalgam Filling	$20.00
" "	#31 EO	" "	20.00
" "	#19 EO	" "	20.00
" "	#18 FO	" "	20.00
1-13-70	#3 OL	" "	20.00
" "	#14 O	" "	15.00
		Total	$115.00

This was never billed at the time work was done because mother did not tell us she was on welfare. We hve recently been contacted by our collection agency to whom we had turned the account over for collection, to send the billing in to welfare. to the attention of case worker Mary Kilgore.

Dr. Robert ~~Biggs~~ Boggs D.D.S.

Copied as of 1/24/74

06-33-6-400-380

543-12-8609 A medi
AD 42443 welf

NAME Dawson, Ethel ~~[illegible]~~ ACCT. NO. Welfare

ADDRESS Ridgeview Manor

CITY 2604 Eagle St. Speard. 272-4976 (Mrs. Dawson

DATE	DESCRIPTION	CHARGES	CREDITS	BALANCE	PREVIOUS BALANCE
	BALANCE FORWARD				
3-13-70	B11832 Consult at Prov Ridge. etc dekuded	50 00		50 00	
3-23-70	B11943 Ridgeview visit 3-18	20 00		70 00	50 00
4-20-70	B12465 Ridgeview visit 4-15	10 00		80 00	70 00
5-11-70	B12840 at Ridgeview 5-8	10 00		90 00	80 00
6-2-70	[illegible]				
8-20-70	Medicare		52 00	38 00	90 00
	Billed Welfare OCT 26				
11-2-70	20421 Biop-Tongue & comm 10/29/70	150 00		188 00	38 00
11/23/70	0713 at Ridgeview	15 00		203 00	188 00
4/16/71	2678 at Providence 4/1 to 4/7/71	60 00		263 00	203 00
5/24/71	3220 at Prov 5-14, 5-15-5-16 & 5-17	40 00		303 00	263 00
4/17/72	Medicare				
6/19/72	Rec'd from Medicare		52 48	250 52	303 00
6/19/72	Rec'd from Medicare		129 60	120 92	250 52
JUN 15 1972	Billed Welfare				
10-2-72	Send ledger copy to Welfare - asked why not pd				

Same reason this one isn't being paid? Have sent bill Twice w/ Medicare Paper Copies

06-33-6-350-380

DR GEO CHACE
501 L ST
ANCHORAGE