

PLEASE RETAIN THIS PORTION OF STATEMENT FOR YOUR RECORDS

DATE	DESCRIPTION	REFERENCE	CHARGES	CREDITS
	STATEMENT REFLECTS PAYMENTS RECEIVED THROUGH 06-15-90. BALANCE DUE UPON RECEIPT.			
06-08-90	ADMISSION FEE		500.00	
06-08-90	MEDICAL SERVICES FEE		600.00	
06-08-90	SPECIAL CARE		2850.00	
06-11-90	1225	257		-1000.00
	<i>1st statement after adm. *1000 pd Pmt. Ch # 4/62</i>			

0 - 30	31 - 60	61 - 90	91 --->	
Current	Past Due	Past Due	Past Due	
2950.00	0.00	0.00	0.00	2950.00