



CITY OF LONG BEACH
 333 West Ocean Blvd.
 Long Beach, CA 90802-4604
 EMERGENCY AMBULANCE SERVICE
 MEDI-CARE - CO-PAY DUE

City Tax ID. [REDACTED]

Patient: [REDACTED]
 Run Number: [REDACTED]
 Incident Number: [REDACTED]
 E-Account: [REDACTED]
 Date of Service: 12/12/2015

Pick-up Location: [REDACTED]
 Drop-off Location: LONG BEACH MEMORIAL HOSPITAL
 Statement Date: 03/10/2016
 Payment Due: 04/09/2016

Payment Options
 Pay Online: www.longbeach.gov
 Pay by Phone: (562) 570-7600, option 3
 Pay by Mail: P. O. Box 22600
 Long Beach, CA 90801-5600

Billing Inquiries Call: (562) 570-7600
 Email: AmbulanceBilling@longbeach.gov

HCPC	Description	Quantity	Unit Price	Amount Due	Payment Date	Amount Paid/Adj
A0427	BLS 2 Emergency Base Rate	1	\$1,675.00	\$1,675.00		
A0425	BLS 2 Mileage	3.1	\$18.50	\$57.35		
A0998	First Responder	1	\$250.00	\$250.00		
04760	Pulse Oximeter	1	\$88.00	\$88.00		
03005	EKG 12LD	1	\$46.55	\$46.55		
	Medi/Medi Crossover	1			03/10/2016	-\$1,331.62
	Medi/Medi Crossover	1			03/10/2016	-\$34.81
	Payment - MediCare EFT	1			03/10/2016	-\$374.69
	Payment - MediCare EFT	1			03/10/2016	-\$17.67
	Mandated Contractual (CO253)	1			03/10/2016	-\$7.65
	Mandated Contractual (CO253)	1			03/10/2016	-\$0.36
	Payment - MediCare EFT	1			03/10/2016	-\$0.00
	Medi/Medi Crossover	1			03/10/2016	-\$100.10

Total Amount Due: **\$250.00**

The City of Long Beach submitted a claim to Medi-Care and they have paid their portion of the claim. Please remit your co-pay amount. If you have any questions about this notice, please call (562) 570-7600.

PLEASE DETACH AND RETURN WITH YOUR PAYMENT

CITY OF LONG BEACH
 EMERGENCY AMBULANCE SERVICE

Run Number: [REDACTED]

Make check payable to:
 City of Long Beach
 P. O. Box 22600
 Long Beach, CA 90801-5600

Payment Due: 04/09/2016
 Total Amount Due: \$250.00
 Amount Enclosed: \$ _____

Check here if insurance information is provided on the back.



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HCPC	Description	Quantity	Unit Price	Amount Due	Payment Date	Amount Paid/Adj
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Medicare denied this claim on 03/03/16 for this reason:

Non-covered charge(s). This change to be effective 4-1-2007: At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)

Total Amount Due: **\$250.00**

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Run Number: [REDACTED]

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 Long Beach, CA 90801-5600

Payment Due: 04/09/2016
 Total Amount Due: \$250.00
 Amount Enclosed: \$ _____

Check here if insurance information is provided on the back.

