

CREDIT COPY



**Saint Vincents**  
Hospital and Medical Center  
PHONE 604-8084

REGISTRATION NO. 9-8	DATE OF ADMISSION 1-1
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PATIENT ACCOUNT  
329217

PAID BY  
PEDIATRIC ENDOWMENT

AMOUNT  
THREE HUNDRED THOUSAND

CASH	MC OR CHECK ABA 9276	DOLLARS 300,000	CENTS 00
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FVT     OWN CARD     EXCH     OTHER  
 AMB     REG. CARD     CASH    (SEE ABOVE)

EMERG. TRF.	REG. - OIP	AMB. O.P.	O.D. - I.H.
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CITY	REGULAR	IN. HOSE	DISCH. TODAY	DISCH. PREV.
	PRI SEMI WD			

329217	AMS	CITY
907001		OD (Designated Amb. Test)

RECEIVED BY  
9.11.008 AS 1/5/98

WE HAVE ENDEAVORED TO HAVE ALL CHARGES INCLUDED IN YOUR BILL. ANY SERVICES RENDERED BUT NOT INCLUDED ON YOUR BILL WILL BE BILLED SEPARATELY.

RECEIPT NO.  
170664

THANK YOU

Uarco Business Forms

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