Itemized Patient Statement

BILL TO:					Patient	Name:
Elaine Benz 13750 W National Ave #146 New Berlin, WI 53151		HERITAGE SQUARE			Benz, Elaine Account #:	
					DATE:	11/16/21
					STATEMENT DATES OF SERVICE FROM TO	
10/13/2021	10/28/2021	UHC MCR Complete	16	NAIL	CHARGES	CKEDIIS
10/29/201	10/31/2021	Private Pay Room and Board	3	394.00	\$1,182.00	
11/1/2021	11/16/2021	Private Pay Room and Board	16	394.00	\$6,304.00	
		Planned Discharge Date 11/17/2021				
Note:	A7.46.400				- Succision #4	
Total Charges Total Payments	\$7,486.00 \$0.00		AMOUNT DUE:		\$7,486.00	

PLEASE SEND YOUR PAYMENT TO: HERITAGE SQUARE

5404 W Loomis Rd Greendale, WI 53129

If you have any question regarding this bill, Please Contact: Tony Piechota 414-421-0088

Ext. 4015