City of Lakewood
PO Box 74603
Cleveland, OH 44194

Account # [redacted]

Itemized Statement

Patient
[redacted]
LAKEWOOD OH 44107

Trip
Date of Service: 05-15-2009
Dispatch ID Number: 2421
Pickup: 1419 Roycroft Ave
Destination: Lakewood Hospital

Itemized Charges

Description	Unit Cost	Units	Amount
ALS1 Emergency Base Rate	500.00	1	500.00
ALS Emergency Mileage	6.50	2	13.00
Oxygen, Administration, & Supplies / hr	20.00	1	20.00

Account Detail

Transaction	Scan #	Post Date	Amount
Account Closed - Charge Off	251452935	09-26-2012	533.00
Unfreeze / Unclose	476320305	09-16-2014	-533.00

Account Summary

Total Charges	Total Payments	Assign/Adjust	Balance Due
$533.00	$0.00	$0.00	$533.00