

St. Anselm Regional Medical Center

ITEMIZED STATEMENT

1200 Medical Plaza Blvd, Tampa, FL 33609
Patient Financial Services: (813) 555-0177

PATIENT

Maria L. Santos
2418 Palmetto Ridge Dr
Tampa, FL 33612
DOB: 04/17/1988

Account # SA-90144827
Statement date 04/06/2026
Admit 03/12/2026 14:35
Discharge 03/12/2026 19:50
Patient type Emergency Outpatient
Dx S13.4XXA, S39.012A

GUARANTOR / INSURANCE

Maria L. Santos (self)
Plan on file: not yet billed
Attending: R. Okafor, MD

REV	DESCRIPTION	SERVICE DATE	UNITS	UNIT PRICE	TOTAL
0450	EMERGENCY ROOM - LEVEL 4 (99284)	03/12/2026	1	\$3,650.00	\$3,650.00
0300	LABORATORY - CLINICAL (CBC, BMP, UA)	03/12/2026	1	\$1,240.00	\$1,240.00
0636	PHARMACY / IV THERAPY (KETOROLAC, NS 1L)	03/12/2026	1	\$1,030.00	\$1,030.00
0270	MEDICAL/SURGICAL SUPPLIES	03/12/2026	1	\$640.00	\$640.00
0350	CT SCAN - TECHNICAL COMPONENT (C-SPINE, L-SPINE)	03/12/2026	2	\$930.00	\$1,860.00

Total charges: \$8,420.00
Insurance payments: \$0.00
Contractual adjustments: \$0.00

AMOUNT DUE \$8,420.00

Facility charges only. Professional fees (physician, radiologist) are billed separately by the respective groups.
Financial assistance is available. Call (813) 555-0177 or visit stanselm-health.example/billing.

Detach and return with payment

REMIT TO:

St. Anselm Regional Medical Center
Patient Financial Services
PO Box 77310, Tampa, FL 33684

Patient: Maria L. Santos
Account #: SA-90144827
Amount due: \$8,420.00
Amount enclosed: \$ _____