

STATEMENT

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Payment is due when this statement is rendered and is the responsibility of the person or agency to whom it is addressed.

NUMBER	DATE	DESCRIPTION	CHARGE	PAYMENT	CURRENT BALANCE
SJH	1-18-67	Lt. ll Nailing	10.00		10.00
	2-1-67	Lt. ll	7.00		17.00
	2-4-67	lt. ll	7.00		24.00
<div style="border: 1px dotted black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>PROFESSIONAL FEE                      FOR X-RAY EXAMINATION                      AT                      ST. JOHN'S HOSPITAL</p> </div>					
<p>Under Medicare Law, the patient is responsible for the first \$50.00 Medical bills.</p>					

IF RECEIPT IS NEEDED CHECK HERE

PLEASE PAY LAST AMOUNT IN THIS COLUMN

- 1—Chest
- 2—Hand
- 3—Wrist
- 4—Forearm
- 5—Elbow

- 6—Shoulder
- 7—Foot
- 8—Ankle
- 9—Lower Leg
- 10—Knee

- 11—Pelvis or Hip
- 12—Skull
- 13—Colon
- 14—Cerv. Spine
- 15—Dorsal Spine

- 16—Lumbar Spine
- 17—Abdomen
- 18—Gall Bladder
- 19—Excretory Urogram
- 20—Upper G.I. Series