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PAGE: 1 of 8

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THOMAS GLEMBOCKI 9579 KNIGHTSBRIDGE CIR SARASOTA, FL 34238-3237

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SARASOTA MEMORIAL HOSPITAL P.O. BOX 947414 ATLANTA, GA 30394-7414

220230727090420231622495515 2600000825009

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

DUE UPON RECEIPTPLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Thank you for choosing Sarasota Memorial Health Care System for your health care needs.

Patient Name	Account Number	Date of Visit	Statement Date
GLEMBOCKI, THOMAS F	1622495515	07/27/2023 - 08/01/2023	09/04/2023

DESCRIPTION

xXx

This statement is for Surgery services you received at Sarasota Memorial Hospital.

PRIMARY INSURANCE	SECONDARY INSURANCE	ATTENDING
1 - UNITED HEALTH CARE MEDICARE REP	2 - SELF PAY	SELL JEFFREY E

DATE	SERVICES	UNITS	CHARGES
07/25/23	Lab Services	139	14,596.98
07/25/23	Spirometry	1	432.00
07/25/23	Diagnostic Services	2	3,916.00
07/25/23	Radiology Services	5	3,936.00
07/25/23	Patient Payment		-550.00
07/26/23	Papaverine 60mg/2ml Inj	1	122.57
07/26/23	Amiodarone 900mg/D5W 500ml	30	4,110.00
07/26/23	Tranexamic acid 100 mg/mL	4	972.00
07/26/23	Sodium Chloride 0.9% Diluent	5	353.65
07/26/23	Insulin Human Regular LVP 100units	20	2.00
07/27/23	Anesthesia Services	24	5,940.00
07/27/23	12 Lead EKG, Tracing Only	2	842.00
07/27/23	Supplies	21	39,732.00
07/27/23	Sealant/Hemostatic Absorbable	1	749.00
07/27/23	Sealant/Hemostatic Absorbable	1	2,018.00
07/27/23	Vent Management, Initial Day	1	2,714.00
07/27/23	Oxycodone 5 mg Tab	1	20.01

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If you have any questions regarding your cost-sharing responsibility, please contact your insurer.

If you need help paying this bill, please contact us to determine if you qualify for financial assistance.

Message:

Your insurance carrier has remitted payment of this claim and you are now responsible for the remaining balance.



32654

RETURN SERVICE REQUESTED

PAGE: 2 of 8

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■ ADDRESSEE: ■

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THOMAS GLEMBOCKI 9579 KNIGHTSBRIDGE CIR SARASOTA, FL 34238-3237

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Patient Name	Account Number	Date of Visit	Statement Date
GLEMBOCKI, THOMAS F	1622495515	07/27/2023 - 08/01/2023	09/04/2023

DESCRIPTION

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PRIMARY INSURANCE	SECONDARY INSURANCE	ATTENDING
1 - UNITED HEALTH CARE MEDICARE REP	2 - SELF PAY	SELL JEFFREY E

DATE	SERVICES	UNITS	CHARGES
07/27/23	Acetaminophen 500 mg Tab	2	0.44
07/27/23	Famotidine 20mg/2ml Inj	2	267.80
07/27/23	Propofol 200mg/20ml Inj	1	270.00
07/27/23	Cefazolin 25mg/ml D5W Inj	2	24.94
07/27/23	Ephedrine 50 mg/ml	1	58.95
07/27/23	Ondansetron 4mg/2ml Inj	4	428.00
07/27/23	Lactated Ringers 1000ml	1	318.00
07/27/23	Albumin 5% 250 ml Inj	4	2,448.00
07/27/23	Vasopressin 20 units/ml Inj	1	194.67
07/27/23	Sodium Bicarbonate 8.4% 50mEq/50ml Syringe	1	48.33
07/27/23	Midazolam 5mg/5ml Inj	1	369.00
07/27/23	Lidocaine 2% MDV 20ml Inj	1	60.12
07/27/23	Aspirin 300 mg Suppository	1	2.04
07/27/23	Potassium Chloride 20 mEq/100 ml Premix	4	622.12
07/27/23	Cefazolin 2gm/20 ml Syringe	4	49.88
07/27/23	Fentanyl 1mg Inj (/0.1mg)	10	664.90
07/27/23	Cardiology Services	3	4,723.00

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RETURN SERVICE REQUESTED

PAGE: 3 of 8

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■ ADDRESSEE: ■

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THOMAS GLEMBOCKI 9579 KNIGHTSBRIDGE CIR SARASOTA, FL 34238-3237

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.						
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Patient Name	Account Number	Date of Visit	Statement Date
GLEMBOCKI, THOMAS F	1622495515	07/27/2023 - 08/01/2023	09/04/2023

DESCRIPTION

xXx

This statement is for Surgery services you received at Sarasota Memorial Hospital.

PRIMARY INSURANCE	SECONDARY INSURANCE	ATTENDING
1 - UNITED HEALTH CARE MEDICARE REP	2 - SELF PAY	SELL JEFFREY E

DATE	SERVICES	UNITS	CHARGES
07/27/23	Rocuronium 50mg/5ml Inj	4	552.08
07/27/23	Protamine 250mg/25ml Inj	25	127.75
07/27/23	Chlorhexidine Oral Rinse 15ml	1	2.79
07/27/23	Nitroglycerin 500 mcg/5ml (syringe)	1	34.19
07/27/23	Acetaminophen 1000mg/100ml Inj	100	71.00
07/27/23	Operating Room Services	24	187,920.00
07/27/23	Hydromorphone 0.5mg/0.5ml Inj	1	13.52
07/27/23	Metoprolol 12.5mg Pre-Cut	1	5.58
07/27/23	Room and Board	5	18,921.00
07/28/23	12 Lead EKG, Tracing Only	1	421.00
07/28/23	Acetaminophen 500 mg Tab	6	1.32
07/28/23	Amiodarone 200 mg Tab	2	84.88
07/28/23	Ascorbic Acid 500 mg TAB	2	0.44
07/28/23	Aspirin 81 mg Chew Tab	1	0.21
07/28/23	Docusate Sodium 100 mg Cap	2	1.60
07/28/23	Bisacodyl 5 mg EC Tab	1	0.38
07/28/23	Tramadol 50 mg Tab	3	35.01

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Message:

Your insurance carrier has remitted payment of this claim and you are now responsible for the remaining balance.





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RETURN SERVICE REQUESTED

PAGE: 4 of 8

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■ ADDRESSEE: ■

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THOMAS GLEMBOCKI 9579 KNIGHTSBRIDGE CIR SARASOTA, FL 34238-3237

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Patient Name	Account Number	Date of Visit	Statement Date
GLEMBOCKI, THOMAS F	1622495515	07/27/2023 - 08/01/2023	09/04/2023

DESCRIPTION

xXx

This statement is for Surgery services you received at Sarasota Memorial Hospital.

PRIMARY INSURANCE	SECONDARY INSURANCE	ATTENDING
1 - UNITED HEALTH CARE MEDICARE REP	2 - SELF PAY	SELL JEFFREY E

DATE	SERVICES	UNITS	CHARGES
07/28/23	Simethicone 80 mg Chew Tab	2	0.76
07/28/23	Famotidine 20 mg Tab	2	68.38
07/28/23	Multivitamin w/Iron Chewable Tab	1	4.82
07/28/23	Cefazolin 25mg/ml D5W Inj	6	74.82
07/28/23	Furosemide 20mg/2ml Inj	1	30.24
07/28/23	Sodium Chloride 0.9% 500 ml	1	81.84
07/28/23	Rosuvastatin 10 mg Tab	1	34.19
07/28/23	Exspiron Padset	1	150.00
07/29/23	Acetaminophen 500 mg Tab	6	1.32
07/29/23	Amiodarone 200 mg Tab	2	84.88
07/29/23	Ascorbic Acid 500 mg TAB	2	0.44
07/29/23	Aspirin 81 mg Chew Tab	1	0.21
07/29/23	Docusate Sodium 100 mg Cap	2	1.60
07/29/23	Bisacodyl 5 mg EC Tab	1	0.38
07/29/23	Potassium Chloride 10 mEq ERT	2	10.18
07/29/23	Tramadol 50 mg Tab	3	35.01
07/29/23	Simethicone 80 mg Chew Tab	2	0.76

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Message:

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PAGE: 5 of 8

RETURN SERVICE REQUESTED

32654*TPC0GUMO3003866

■ ADDRESSEE: ■

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THOMAS GLEMBOCKI 9579 KNIGHTSBRIDGE CIR SARASOTA, FL 34238-3237

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.						
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SARASOTA MEMORIAL HOSPITAL P.O. BOX 947414 ATLANTA, GA 30394-7414

220230727090420231622495515 2600000825009

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Patient Name	Account Number	Date of Visit	Statement Date
GLEMBOCKI, THOMAS F	1622495515	07/27/2023 - 08/01/2023	09/04/2023

DESCRIPTION

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This statement is for Surgery services you received at Sarasota Memorial Hospital.

PRIMARY INSURANCE	SECONDARY INSURANCE	ATTENDING
1 - UNITED HEALTH CARE MEDICARE REP	2 - SELF PAY	SELL JEFFREY E

DATE	SERVICES	UNITS	CHARGES
07/29/23	Famotidine 20 mg Tab	2	68.38
07/29/23	Multivitamin w/Iron Chewable Tab	1	4.82
07/29/23	Potassium Chloride 20 mEq Packet(s)	1	5.27
07/29/23	Cefazolin 25mg/ml D5W Inj	2	24.94
07/29/23	Furosemide 40mg/4ml Inj	1	45.98
07/29/23	Rosuvastatin 10 mg Tab	1	34.19
07/29/23	Metoprolol 12.5mg Pre-Cut	2	11.16
07/29/23	PT Evaluation Mod	1	456.00
07/29/23	OT Evaluation Mod	1	604.00
07/30/23	Blood Products Services	2	1,979.00
07/30/23	Acetaminophen 500 mg Tab	4	0.88
07/30/23	Amiodarone 200 mg Tab	2	84.88
07/30/23	Ascorbic Acid 500 mg TAB	2	0.44
07/30/23	Aspirin 81 mg Chew Tab	1	0.21
07/30/23	Docusate Sodium 100 mg Cap	2	1.60
07/30/23	Bisacodyl 5 mg EC Tab	1	0.38
07/30/23	Potassium Chloride 10 mEq ERT	2	10.18

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Message:

Your insurance carrier has remitted payment of this claim and you are now responsible for the remaining balance.





32654

RETURN SERVICE REQUESTED

PAGE: 6 of 8

32654*TPC0GUMO3003866

■ ADDRESSEE: ■

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THOMAS GLEMBOCKI 9579 KNIGHTSBRIDGE CIR SARASOTA, FL 34238-3237

IF PAYING BY MASTERCARD, I	DISCOVER, VI	SA OR AME	RICAN	I EXPRES	SS, FILL OUT	BELOW.
CHECK CARD USING FOR PAYMENT OR PAY ONLINE						
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1 - UNITED HEALTH CARE MEDICARE REP	2 - SELF PAY	SELL JEFFREY E

DATE	SERVICES	UNITS	CHARGES
07/30/23	Simethicone 80 mg Chew Tab	2	0.76
07/30/23	Famotidine 20 mg Tab	2	68.38
07/30/23	Multivitamin w/Iron Chewable Tab	1	4.82
07/30/23	Furosemide 40mg/4ml Inj	1	45.98
07/30/23	PT Therapeutic Activities/15 Minutes	2	384.00
07/30/23	Rosuvastatin 10 mg Tab	1	34.19
07/30/23	Metoprolol 12.5mg Pre-Cut	2	11.16
07/31/23	OT Activities of Daily Living/15 Miuntes	1	207.00
07/31/23	Acetaminophen 500 mg Tab	4	0.88
07/31/23	Amiodarone 200 mg Tab	2	84.88
07/31/23	Ascorbic Acid 500 mg TAB	2	0.44
07/31/23	Aspirin 81 mg Chew Tab	1	0.21
07/31/23	Bisacodyl 5 mg EC Tab	1	0.38
07/31/23	Potassium Chloride 10 mEq ERT	2	10.18
07/31/23	Famotidine 20 mg Tab	2	68.38
07/31/23	Multivitamin w/Iron Chewable Tab	1	4.82
07/31/23	Potassium Chloride 20 mEq Packet(s)	1	5.27

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PAGE: 7 of 8

32654*TPC0GUMO3003866

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THOMAS GLEMBOCKI 9579 KNIGHTSBRIDGE CIR SARASOTA, FL 34238-3237

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CHECK CARD USING FOR PAYMENT OR PAY ONLINE						
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1 - UNITED HEALTH CARE MEDICARE REP	2 - SELF PAY	SELL JEFFREY E

DATE	SERVICES	UNITS	CHARGES
07/31/23	Furosemide 40mg/4ml Inj	1	45.98
07/31/23	PT Therapeutic Activities/15 Minutes	1	192.00
07/31/23	Rosuvastatin 10 mg Tab	1	34.19
07/31/23	Metoprolol 12.5mg Pre-Cut	2	11.16
08/01/23	Amiodarone 200 mg Tab	1	42.44
08/01/23	Ascorbic Acid 500 mg TAB	2	0.44
08/01/23	Aspirin 81 mg Chew Tab	1	0.21
08/01/23	Tamsulosin 0.4 mg Cap	1	12.73
08/01/23	Potassium Chloride 10 mEq ERT	1	5.09
08/01/23	Famotidine 20 mg Tab	1	34.19
08/01/23	Multivitamin w/Iron Chewable Tab	1	4.82
08/01/23	Furosemide 40mg/4ml Inj	1	45.98
08/01/23	PT Therapeutic Activities/15 Minutes	1	192.00
08/01/23	Rosuvastatin 10 mg Tab	1	34.19
08/01/23	Metoprolol 12.5mg Pre-Cut	1	5.58
08/18/23	Medicare Adjustment		1,168.70
08/18/23	Medicare Payment		-1,168.70

Our Medical Billing Advocates can be reached at (941) 917-1540 or toll free at (800) 764-2455. Our advocates are available from 8am to 5pm Monday through Friday. You may also contact us via email at billing-inquiries@smh.com. If you have any questions regarding your cost-sharing responsibility, please contact your insurer. If you need help paying this bill, please contact us to determine if you qualify for financial assistance.

Message:

Your insurance carrier has remitted payment of this claim and you are now responsible for the remaining balance.





32654

PAGE: 8 of 8

RETURN SERVICE REQUESTED

32654*TPC0GUMO3003866

■ ADDRESSEE: ■

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THOMAS GLEMBOCKI 9579 KNIGHTSBRIDGE CIR SARASOTA, FL 34238-3237

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.					
CHECK CARD USING FOR PAYMENT OR PAY ONLINE					
MASTERCARD DISCOVER DISCOVER VISA AMERICAN EXPR					
CARD NUMBER			EXP. DATE		SECURITY CODE
SIGNATURE					
STATEMENT DATE CURRENT BALANC			E	ACCOUNT NUMBER	
09/04/2023	CONTINUE		D	1622495515	
DATE OF VISIT SHOW AMOUNT 6					
07/27/2023 - 08/01/2023 PAID HERE					
					6535100 (DC

CHECK PAYABLE TO:

Սիրակիններինակրդինկորիանդրդկլեիկրկաի

SARASOTA MEMORIAL HOSPITAL P.O. BOX 947414 ATLANTA, GA 30394-7414

220230727090420231622495515 2600000825009

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side

STATEMENT

DUE UPON RECEIPT PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Thank you for choosing Sarasota Memorial Health Care System for your health care needs.

Patient Name	Account Number	Date of Visit	Statement Date
GLEMBOCKI, THOMAS F	1622495515	07/27/2023 - 08/01/2023	09/04/2023

DESCRIPTION

xXx

This statement is for Surgery services you received at Sarasota Memorial Hospital.

PRIMARY INSURANCE	SECONDARY INSURANCE	ATTENDING
1 - UNITED HEALTH CARE MEDICARE REP	2 - SELF PAY	SELL JEFFREY E

DATE	SERVICES UNITS	CHARGES
08/30/23 08/30/23	United Healthcare Adjustment United Healthcare Payment	-277,430.02 -25,899.00
	Current Balance As Of 09/04/2023	825.00

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