

CITY OF MANITOWOC
(877)888-1230 Ext. 2182

Call Number: 182-14-1861 PCV rh
 Date Of Call: 06/27/2014
 Call Time: 04:51 PM
 From Location: MVN. RAPIDS RD. AND DELTA STRE
 To Location: MVN. RAPIDS RD. AND DELTA STRE

Patient Name: JACOB SCHNELL

Reason(s) 780.99
 For
 Transport

#BWNKMRY
 JACOB SCHNELL
 923 N. 6TH STREET
 MANITOWOC, WI 54220

Insurance:

<u>DESCRIPTION OF CHARGES</u>	<u>HCPC</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
ON SCENE CARE FACILITY/COMMERC	A0998	1.0	250.00	250.00
STERILE WATER	A0382	1.0	3.00	3.00

Total Charges 253.00

Total Credits 0.00
TOTAL AMOUNT DUE => **\$253.00**

 ^DETACH ALONG ABOVE LINE AND RETURN STUB WITH YOUR PAYMENT^



Patient Name: SCHNELL, JACOB

Call Number: 182-14-1861
 Billing Date: 11/04/2014

CITY OF MANITOWOC
 C/O Billing Office
 N2930 STATE ROAD 22
 WAUTOMA, WI 54982-5267

Total Amount Due: \$253.00
Amount Enclosed: \$ _____

Federal Tax ID: 39-6005511

Visit our website at www.myambulancebill.com

Service ID:AMB182