



HTTP://REGIONALMEDICALSANJOSE.COM/PATIENTS/

REGIONAL MEDICAL CENTER  
PO BOX 402269  
ATLANTA, GA 303849178



1-800-307-7135



PATIENT NAME	PATIENT ACCOUNT NUMBER	ADMISSION DATE	DISCHARGE DATE
[REDACTED]	[REDACTED]	3/28/2016	3/28/2016

April 13, 2016

A refund has been applied to your account. This serves as a receipt for this transaction. The details of this transaction are shown below.

DESCRIPTION	DATE	AMOUNT
[REDACTED]		
SOURCE	AUTH CODE HPS ID	
Regional Medical Center Of	[REDACTED]	3/29/2016 \$1,900.00
HPS Visa Refund		
SOURCE	HPS ID	
Parallon Business Performa	[REDACTED]	4/13/2016 (\$1,300.00)
PAYMENT TOTAL		\$600.00

For your convenience, a summary of this account is shown below. For more information regarding this account or to make an additional payment, please visit our website at [HTTP://REGIONALMEDICALSANJOSE.COM/PATIENTS/](http://REGIONALMEDICALSANJOSE.COM/PATIENTS/)

ORIGINAL CHARGES	
Room Charges	\$0.00
Ancillary Charges	\$9,483.00
PAYMENTS AND DISCOUNTS	
Patient/Guarantor Payments and Discounts	(\$600.00)
Insurance Payments and Discounts	(\$8,883.00)
ACCOUNT BALANCE	\$0.00

Please be aware that the transactions may appear on your credit card statement as "HCA Local Hospital Visit" or "REGIONAL MEDICAL CEN"  
Thank you for your business!