

Ex. 11

240
 LINCOLN MEDICAL CENTER
 234 E 149TH STREET
 BRONX, NY 10451
 ATTN: O/P BILLING, 1ST FL.
 FWD. & ADD. CORR. REQUESTED.

Amount Paid	
\$ 325.00	08/04/90
Pay This Amount	Payment Due By
17614907430	A
Refer to Above Pt. No. on All Inq.	U
06/25/90	

For Information Regarding this Statement Telephone 579-5668 5730

ACCOUNTS OLDER THAN 90 DAYS ARE SENT TO A COLLECTION AGENCY
 QUENTAS MAS DE 90 DIAS PASARA A UNA AGENCIA DE COLECCION.

Patient Name FRANZA, GLADYS 212-000-0000

Send Payment To
 LINCOLN MEDICAL CENTER
 NYC HEALTH & HOSP CORP.
 P.O. BOX 5491
 G. P. O.
 NEW YORK, NY 10087

Guarantor
 17614907430
 GLADYS FRANZA
 225 EAST 106ST 1
 NY, NY 10029

TO INSURE PROPER CREDIT TO YOUR ACCOUNT DETACH ALONG DOTTED LINE - AND RETURN TOP PORTION WITH YOUR PAYMENT.
 APPLY AT HOSPITAL FOR MEDICAID ELIGIBILITY OR FEE REDUCTION INFORMATION CALL 579-5668 FOR AN APPOINTMENT UNLESS YOU CONTACT US IN 30 DAYS - YOUR ACCOUNT WILL BE TURNED OVER TO A COLLECTION AGENCY.

Patient Name FRANZA, GLADYS Last Stmt. 07/10/90 Prev. Bal. \$ 175.00
 06/25/90 ADULT ER PHYS 450 150.00

TRANSACTION DATES	DESCRIPTION	AMOUNTS
06/25/90	ADULT ER PHYS 450	150.00

Hospital: LINCOLN MEDICAL CENTER LN Stmt. Date 07/25/90
 Patient No.: 17614907430
 Adm. Date Discharge Date Account Balance - Est. Insurance Due* = \$ 325.00 \$.00 \$ 325.00
 Pay This Amount

*Insurance is Estimated For Billing. Any Balance Unpaid Will Be Billed To The Patient.
 Payments And Charges Received After The Date Of This Statement Will Be Reflected On The Next Statement.

Handwritten notes:
 17614907430
 2-1091
 800-227-6507
 Mr. Michael Perina

Handwritten notes:
 6/25 went to hospital
 325.00 - 100.00 = 225.00
 225.00
 will receive
 225.00