



GROUP PRACTICE PLAN

TURNPIKE STATION
P.O. BOX # 62
SHREWSBURY, MA 01545-0662

SERVICES ARE RENDERED AT
U. MASS. MEDICAL CENTER
AND ITS AFFILIATES

STATEMENT

Ex. Q

CHECK BOX AND PROVIDE INFORMATION ON THE REVERSE SIDE OF THIS STUB.

PATIENT NAME

ELBERY, MICHAEL G

BILLING DATE

10/30/92

MEDICAL RECORD NO.

M309683

AMOUNT PAID

PATIENT/GUARANTOR NAME AND ADDRESS

MICHAEL G ELBERY
370 OAK ST
SHREWSBURY, MA 01545

IF ABOVE INFORMATION HAS CHANGED, PLEASE CORRECT.

RETURN THIS STUB BY DETACHING HERE:
ENCLOSE STUB WITH YOUR PAYMENT.

THIS IS A STATEMENT FOR DOCTOR'S SERVICES RENDERED BY MEMBERS OF THE GROUP PRACTICE PLAN, ASSOCIATED WITH THE U. MASS. MEDICAL CENTER. YOU WILL RECEIVE A SEPARATE BILL FOR HOSPITAL SERVICES.

- MAKE CHECKS PAYABLE TO: GROUP PRACTICE PLAN
MAIL TO ADDRESS INDICATED ON THIS STUB.
OUR FEDERAL EMP. # IS: 04-2911067
OUR OFFICE HOURS ARE: 9:00 AM TO 4:30 PM
SHOULD YOU HAVE QUESTIONS, PLEASE TELEPHONE US AT: 508-793-1160

Table with columns: DATE OF SERVICE, SHORT DESCRIPTION OF SERVICE, DOCTOR OR DOCTOR GROUP, LOC, ICD9-CM CODE, AMOUNT. Includes rows for 09/30/92, 10/21/92, 09/24/92, 10/21/92, 10/04/92.

FOR DOCTOR'S SERVICES ONLY

BILLING DATE

10/24/92

PATIENT NAME

ELBERY, MICHAEL G

MEDICAL RECORD NO.

M309683

PAY THIS AMOUNT

80.00



CHARGES AND PAYMENTS RECEIVED AFTER THIS DATE WILL APPEAR ON YOUR NEXT GROUP PRACTICE PLAN STATEMENT.

MASTERCARD AND VISA ARE ACCEPTED (SEE REVERSE SIDE)

MAKE CHECKS PAYABLE TO: GROUP PRACTICE PLAN

IMPORTANT MESSAGES REGARDING PATIENT'S ACCOUNT

SOME SERVICES ON THIS STATEMENT WERE PROVIDED AT AN OFF-SITE FACILITY AND NOT AT THE UMASS MEDICAL CENTER. ALL SERVICES WERE PROVIDED BY GROUP PRACTICE PLAN PHYSICIANS. PAYMENT IS EXPECTED WITHIN 21 DAYS FOR CHARGES NOT COVERED BY YOUR INSURANCE.



**THE
MEDICAL
CENTER OF
CENTRAL
MASSACHUSETTS**

201 LINCOLN STREET
WORCHESTER MA 01605
(508) 792-8555

9/29/92 21:45

EMERGENCY

PATIENT INSTRUCTIONS

PATIENT'S LAST NAME ELBERT	FIRST MICHAEL	MIDDLE	MAIDEN NAME	SEX M	R C	AGE 040Y	ACCOUNT NO. 6255551	MED. REC. NO. 90378
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DEAR PATIENT,

THE EXAMINATION AND TREATMENT WHICH YOU HAVE RECEIVED IN THE EMERGENCY DEPARTMENT HAS BEEN GIVEN ON AN EMERGENCY BASIS ONLY. THEY ARE NOT INTENDED TO BE A SUBSTITUTE FOR, OR AN EFFORT TO PROVIDE COMPLETE MEDICAL CARE. IT IS IMPORTANT THAT YOU REPORT FOR FOLLOW-UP INDICATED AS BELOW FOR ANY NEW OR REMAINING PROBLEMS. IT IS OFTEN DIFFICULT TO RECOGNIZE AND TO TREAT ALL ELEMENTS OF INJURY OR ILLNESS IN A SINGLE VISIT. MEANWHILE, PLEASE FOLLOW THE INSTRUCTIONS BELOW AND ON THE REVERSE SIDE AS INDICATED FOR YOU.

copy 2 of 20

INFORMATION SHEETS GIVEN: WOUND CARE, HEAD INJURY, ABDOMINAL PAIN, NAUSEA, VOMITING AND DIARRHEA, FEVER, SPRAIN, FRACTURES, X-RAY, BLOOD PRESSURE, BACK AND NECK INJURIES, COLD AND SORE THROAT, OTHER.

INSTRUCTIONS

Your exam is fine. I don't think you need to worry about having a serious head injury. Take tylenol for the pain. See instructions on back. Get plenty of rest tonight.

FOLLOW-UP

I HAVE RECEIVED AND UNDERSTAND THE INSTRUCTIONS INDICATED ABOVE. I UNDERSTAND THAT I HAVE HAD EMERGENCY TREATMENT ONLY, AND THAT I MAY BE RELEASED BEFORE ALL MY MEDICAL PROBLEMS ARE KNOWN OR TREATED. I WILL

COMPLY WITH THE FOLLOW-UP CARE AS INDICATED ABOVE.

TIME



**THE
MEDICAL
CENTER OF
CENTRAL
MASSACHUSETTS**

THE MED CENTER HARNEMANN
281 LINCOLN STREET
WORCESTER MA 01609
(609) 792-8600

9/29/92 2:25

EMERGENCY

PATIENT INSTRUCTIONS

PATIENT'S LAST NAME ELBERRY	FIRST MICHAEL	MIDDLE	MAIDEN NAME	SEX M	R C	AGE 0407	ACCOUNT NO. B255016	MED. REC. NO. 90378
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DEAR PATIENT,

THE EXAMINATION AND TREATMENT WHICH YOU HAVE RECEIVED IN THE EMERGENCY DEPARTMENT HAS BEEN GIVEN ON AN EMERGENCY BASIS ONLY. THEY ARE NOT INTENDED TO BE A SUBSTITUTE FOR, OR AN EFFORT TO PROVIDE COMPLETE MEDICAL CARE. IT IS IMPORTANT THAT YOU REPORT FOR FOLLOW-UP INDICATED AS BELOW FOR ANY NEW OR REMAINING PROBLEMS. IT IS OFTEN DIFFICULT TO RECOGNIZE AND TO TREAT ALL ELEMENTS OF INJURY OR ILLNESS IN A SINGLE VISIT. MEANWHILE, PLEASE FOLLOW THE INSTRUCTIONS BELOW AND ON THE REVERSE SIDE AS INDICATED FOR YOU.

INFORMATION SHEETS GIVEN: WOUND CARE, HEAD INJURY, ABDOMINAL PAIN, NAUSEA, VOMITING AND DIARRHEA, FEVER, SPRAINS, FRACTURES, X-RAY, BLOOD PRESSURE, BACK AND NECK INJURIES, COLD AND SORE THROAT, OTHER.

INSTRUCTIONS

Take Tylenol for pain
Tylenol for pain

FOLLOW-UP

If any problem return or
with ER or Dr. [unclear]

I HAVE RECEIVED AND UNDERSTAND THE INSTRUCTIONS INDICATED ABOVE. I UNDERSTAND THAT I HAVE HAD EMERGENCY TREATMENT ONLY, AND THAT I MAY BE RELEASED BEFORE ALL MY MEDICAL PROBLEMS ARE KNOWN OR TREATED. I WILL ARRANGE FOR FOLLOW-UP CARE AS INDICATED ABOVE.

TIME: 2:50
SIGNATURE OF PATIENT: [Signature]
SIGNATURE OF PHYSICIAN: [Signature]
SIGNATURE OF ATTENDING PHYSICIAN: [Signature]