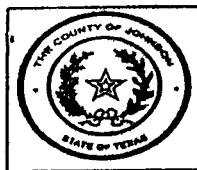


Approved by CC:

NOV 18 2013



**PURCHASE ORDER
JOHNSON COUNTY, TEXAS**

PURCHASE ORDER

No. JVP111202

Relates to the purchase of:
Invoices and communications

Vendor: Brownwood Regional Medical Center
1501 Burnet Dr.
Brownwood, TX 76801

Date	11/12/2013
Dept. Code	590
Dept. Name	Juvenile Probation
Contract Awarded Date	
Contract and Bond Approved Date	
Requisition Number	

Deliver To: Juvenile Probation
ATTN: Lisa Tomlinson
1102 E. Kilpatrick, Ste C
Cleburne, Tx 76033

Quantity	Description	Distribution	Unit Price	Total
1	Pre-op fees		\$862.55	\$862.55
1	Surgical Fees		\$11,932.51	\$11,932.51
1	30% Discount		(\$3,838.51)	(\$3,838.51)
			TOTAL:	\$8,956.55

Budget provisions have been made and funds are available or will be available to meet this obligation when due, provided there is proper and legal performance.

Approved By: Kelli Davis (pc) Date 11-12-2013
Purchasing Agent

Mail Invoices To: Purchasing Department
1102 E. Kilpatrick, Ste B
Cleburne, TX 76031



Brownwood Regional MEDICAL CENTER

Patient Name: Damon Harris

Account#: _____

Service Date: _____

FOR SERVICES RENDERED TO PATIENTS WHO ARE SELF PAY:

Service or Services Provided

lap chole
 * Pat 862.55 pre-d
SOP 11,932.51
12,795.06
3,838.51 30%
\$ 8,956.54

disc → only if pd up front.

ESTIMATED CHARGES: \$ 18,357.72

SELPAY DISC 35% \$ 6,425.20

ESTIMATED DUE AT TIME OF REGISTRATION

\$ 11,932.51

PROMPT PAYMENT DISCOUNT 30%

3,579.75

ESTIMATED AMOUNT DUE AFTER PROMPT PAYMENT DISCOUNT

\$ 8,352.76

There may be additional charges regarding these services. Should this be the case, we will bill these additional charges to you and for any portion not paid. Should you need assistance or information, please contact your patient representative in the Business Office.

All physicians are independent contractors and are responsible for their own billing.

X _____
Patient/Responsible Party Signature

would lose prompt pay discount if payment not made within 10 days of procedure

Received: 3256493936

Oct. 15. 2013 2:24PM
PA2

Oct 15 2013 02:27pm P003

No. 6990 P. 3
10/15/13
09:05:37

Charge Estimator
MARIS DALOM

Type information, press Enter to calculate, press F5 to save
Total Estimated Charges

\$1,327.00

Insurance: SELF PAY
Estimated Insurance Reimbursement 862.55 Method: Charge Outpatient
Patient Responsibility: Deductible _____
Co-pay _____
Co-Insurance Percent _____ %

Estimated Pt Responsibility
Discount rate: Total Charges Patient Responsibility
Percent _____ (Enter 10 for 10%, 2.75 for 2.75%)
or
Flat _____ (Enter as #####.##)

Estimated Charges	\$1,327.00	Est Pt Responsibility	
Discount	\$0.00	Discount	\$0.00
Revised Estimate	\$1,327.00	Revised Pt Resp	
Discounted	\$0.00	Discounted	\$0.00

F5=Save and Return F12=Cancel F16=View IE transaction

35% discount
self pay discount
 * 862.55
 - 258.76 ^{30% disc} only if pd up front

 603.79

Lisa A Tomlinson

From: Kim Mitchell <kim.mitchell@us.g4s.com>
Sent: Tuesday, November 12, 2013 12:58
To: Lisa A Tomlinson
Subject: Contact info

Brownwood Hospital

BRMC Outpatient
325-646-8541
Linda ext 339

Hope that this helps.

Kim Mitchell, RN, ADN, HSA
The Oaks / G4S Youth Services, LLC
800 FM 3254
Brownwood, TX 76801
Phone (325) 646-5383 ext 2015
email: kim.mitchell@us.g4s.com

Please consider the environment before printing.

This Company is part of the G4S group of companies. This communication contains information that can be confidential, personal, and or privileged. It is for the exclusive use of the intended recipient(s). If you are not the intended recipient, please note that any distribution, forwarding, copying, or use of this communication or the information in it is strictly prohibited. Any personal views expressed in this email are those of the individual and the company does not endorse or accept responsibility for them. Prior to taking any action based upon this email message, you should seek appropriate confirmation of its authenticity. This message has been checked for viruses on behalf of the Company.