(DETACH AND RETAIN THIS BEFORE DEPOSITING CHECK)

Call
X 4205
Hqs

GOVERNMENT EMPLOYEES HEALTH ASSOCIATION

REMITTANCE STATEMENT

In payment of the following under policy number 139 :

Claim (x) Other ( ) (explain): _____

Premium Refund ( ) _____

KIND OF POLICY:

Mutual Hospitalization ( ) Specified Diseases ( ) Remarks: _____

United Benefit Life Ins. ( ) Income Replacement ( ) _____

WAEPA Life Insurance ( ) Emergency Travel Plan ( ) _____

Travel-Matic Insurance ( ) Contract Hosp (OTHER) (x) _____

Hospitalized _____ (DATE) thru _____ (DATE)

Hospital Room _____ days @ $ _____ (actual $ _____) $ _____)

Hospital Extras (actual $ _____) $ _____)

Doctor's Fee (actual $ _____) $ _____)

TOTAL $ _____

THIS COPY SHOULD BE RETAINED FOR INCOME TAX PURPOSES

DECLASSIFIED AND RELEASED BY
CENTRAL INTELLIGENCE AGENCY
SOURCES METHODS EXEMPTION 3B2B
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2006

SETTLEMENT OF CLAIM

MEMBER'S NUMBER	SEX	CODE	VOUCHER NUMBER	DEPENDENT RELATIONSHIP	DATE CLAIM INCURRED
139	M	901	40296	Self	6/7/65

AUDIT BREAKDOWN		AMOUNTS OF ACTUAL CHARGES	AMOUNTS PAYABLE UNDER BASE PLAN
1	Hospital Admission Date — 6/29/65		
2	Hospital Admission Count—This Payment — 1		
3	Hospital Room 3 Days@$ 23.00	69.00	69.00
4	Hospital Room Days@$		
5	In-patient Hosp. Misc. (Include Ambulance)	132.15	132.15
6	Outpatient Hosp. Misc.		
7	Surgeon		
8	Anesthetist (Other than Hospital)		
9	Physician (Other than Surgeon) 6/7/65-12/23/65	213.00	
10	Drugs (Other than Hospital) 6/7/65	3.00	
11	Other Covered Expenses		
12	TOTAL BASE PLAN BENEFITS THIS WORKSHEET →		201.15
13	Total Actual Charges	417.15	
14	Show Any Excess of Line 13 over Line 12	216.00	
15	Add Any Accumulation of Deductible Applicable		
16	Total Line 14 and Line 15	216.00	
17	If Line 16 Exceeds Deductible ($100) Plus Any Private Room Charge Exceeding $25 a Day Enter Amount of Excess	116.00	
18	PAYABLE @ 80% → X	92.80	
19	PAYABLE @ 50% →		
20	TOTAL MAJOR MEDICAL BENEFITS THIS WORKSHEET →		92.80
21	TOTAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20) →		293.95

ITEM 9 BREAKDOWN:

Asst. Surgeon _____

Others _____

ITEM 11 BREAKDOWN:

Appliances _____

Nurse _____

Others (Explain) _____

REMARKS:

ACCUMULATION OF DEDUCTIBLE FROM PREVIOUS CLAIMS

Previous Calendar Year

Voucher No. _____ Amt. _____

Voucher No. _____ Amt. _____

Voucher No. _____ Amt. _____

Current Calendar Year:

Voucher No. _____ Amt. _____

Voucher No. _____ Amt. _____

Voucher No. _____ Amt. _____

TOTAL → _____

Show any excess on this claim which may be applied toward satisfaction of the deductible in the:

Current Calendar Year _____

Following Calendar Year MCO '66

MAJOR MEDICAL MAXIMUM PAID CONTROL

Total Major Medical Previously Paid	
Amount Major Medical Paid This Claim	92.80
Less Any Reinstatement Credit Not Previously Taken	
Total Accumulated Major Medical Paid	92.80

Date Feb 1, 19 66

Form MG337 5-65

THIS COPY SHOULD BE RETAINED FOR INCOME TAX PURPOSES

1.___ Doctor's charges covered under Base Contract for surgery only. Hold bills until $100 Deductible is satisfied under Major Medical Benefits.

2.___ ( ) Hospital ( ) Doctor billed us directly and the difference has been considered under Major Medical portion of Contract. Please retain attached for your own records.

3.___ Hold bills until $100 Deductible under Major Medical Benefits has been met for specific member involved for _____.

4.___ Prescription drug receipts with information furnished BY PHARMACIST must show: 1. Name of member for whom prescription is issued; 2. Prescription number; 3. Name of doctor prescribing drug; 4. Date purchased; 5. Amount charged for EACH prescription. (Attached blue card may be used when future prescriptions are purchased. Be sure to complete required information on card before submitting.)

5.___ Doctor's bills with information furnished BY DOCTOR must show: 1. Name of patient; 2. Dates services rendered; 3. Types of services rendered, e.g. exact type of surgery if any, home visit, office visit, etc.; 4. Amount charged by item.

6.___ Future claims must show above information required for doctor bills and prescription drugs, or they cannot be accepted.

7.___ Notations by Policyholder are not acceptable.

8.___ There must be an existing illness or injury. Routine examinations are not covered.

9.✓ Please retain attached duplicate bill(s). Claim was paid by this office on Check #_____ dated _____.

10.___ INSUFFICIENT INFORMATION: ___Need breakdown of charge(s). ___ Need diagnosis, i.e. type of injury or nature of illness. ___ Need itemized bill showing types of services rendered.

11.___ FUTURE CLAIMS - Top portion of bills must be submitted.

REMARKS: Duplicate Charges considered on this audit.

NE LINCOLN 6-5871

LEONHARD J. HANTSOO, M. D.
701 MARYLAND AVENUE, N. E.
WASHINGTON 2, D. C.

July 31, 1965

Washington, D.C.

FESSIONAL SERVICES: Rendered for treatment of pernicious anemia

6/29/65 to 7/2/65 Treatment at Casualty Hospital

Total $ 42.00

[signature]

COMPLETE FOUNTAIN SERVICE
COSMETICS

PHARMACEUTICALS
BIOLOGICALS

COlumbia 5-0162

ARGYLE PHARMACY

Notary Public

Prescriptions a Specialty

Notary Public

We Call For and Deliver

17th St. and Park Road N. W. Washington 10, D. C.

Customer's Order No. _____ Date 6/7/1965

M. [illegible]

Address _____

SOLD BY	CASH	C. O. D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT	

QUAN.	DESCRIPTION	PRICE	AMOUNT
	Rx 313176		3 00
	Rx-Tylenol		3 00
	Dr. Hantsoo		
	[illegible]		
	Total		6 00

All claims and returned goods MUST be accompanied by this bill.

F 19480 Rec'd by _____

[illegible] KURLANSKY, SILVER SPRING, MD. [illegible]

LEONHARD J. HANTSOO, M. D.
701 MARYLAND AVENUE, N. E.
WASHINGTON 2, D. C.
TELEPHONE LINCOLN 6-6871

December 23, 1965

For professional services rendered for treatment of anemia.

6/ 7/65	Office visit, injection	$	6.00
6/11/65	Office visit, injection	$	6.00
6/15/65	Office visit, injection	$	6.00
7/ 6/65	Office visit, injection	$	6.00
7/ 8/65	Office visit, injection	$	6.00
7/ 9/65	Office visit, injection	$	5.00
7/12/65	Office visit, injection	$	6.00
7/13/65	Office visit, injection	$	5.00
7/15/65	Office visit, injection	$	6.00
7/19/65	Office visit, injection	$	6.00
7/26/65	Office visit, injection	$	6.00
7/27/65	CBC	$	6.00
7/29/65	Office visit, injection	$	6.00
8/16/65	Office visit, injection	$	6.00
8/17/65	CBC	$	6.00
8/19/65	Office visit, inje ction	$	5.00
8/30/65	Office visit, injection	$	5.00
9/ 7/65	Office visit, injection	$	5.00
9/13/65	Office visit, injection	$	5.00
9/20/65	Office visit, injection	$	5.00
9/28/65	Office visit, injection	$	5.00
10/ 4/65	Office visit, injection	$	5.00
10/11/65	Office visit, injection	$	5.00
10/18/65	Office visit, injection	$	5.00
XXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	
10/19/65	CBC	$	6.00
10/25/65	Office visit, injection	$	5.00
11/ 8/65	Office visit, injection	$	5.00
11/29/65	Office visit, injection	$	5.00
12/14/65	Office visit, injection	$	6.00
12/21/65	Office visit	$	5.00
12/23/65	Office visit, injection	$	6.00
	Total	$	171.00

L. Hantsoo, M.D.

Year: 1965 Name: Mario K.Giordano

Paid to:	Paid for: Illness	Paid for: Type of Service.	Date incurred From	Date incurred To.	Cost	Amt.Paid by Basic Plan	Balance Eligible for Major Medical
Argyle Pharmacy	Anemia & arthritis	Drug #313176,Tylenol	6/7		$ 6.--	-	6.00
Casualty Hospital	"	Room for three days	6/29	7/1	69.--	60.--	9.--
" "	"	Pharmacy **	"	"	10.15	10.15	-
" "	"	Sterile trays **	"	"	10.--	10.--	-
" "	"	X-rays **	"	"	65.--	65.--	-
" "	"	Laboratory tests etc. **	"	"	32.--	32.--	-
" "	"	EKG **	"	"	15.--	15.--	-
Taxi	"	To and from hospital	"	"	3.--	3.--	-
Dr.Hanusco	"	Treatment in Hospital	"	"	42.--	42.--	-
Dr.Hanusco	"	CBC in Casualty Hospital*	7/26;	8/17;10/19.	18.--	18.--	-
Taxis	"	" " " "To/From.	"	" "	9.--	9.--	-
Dr.Hanusco	"	28 Office visits & injections	6/7	to 12/23	153.--	-	153.--
Taxies	"	3 times to Dr.H's Office	6/7-6/17	(3x3)	9.--	--	9.--
Taxis & buses	"	25 times " " "	7/6-12/23	(1.5x25)	37.50	-	37.50
			Totals:		$ 478.65;	264.15;	214.50

*: Out-patient care.

**: Hospital extras,all together $ 132.15.

24 December 1965.

Mario K Giordano

315 064616-9
6-29-65 HANTSOO LUTH WM 315
3602 15TH ST. N.E.
WASH. D.C.
BL X OF N.Y. 25930

EASTERN DISPENSARY AND CASUALTY HOSPITAL

WASHINGTON 2, D. C.

AGE: 60 | SEX: M | RACE: W | MARITAL STATUS: Married | SOC. SEC. NO.:

COMPENSATION CASE:
G.H.I. NO: 25930 B. C. of New York
OTHER:

PHONE NUMBER: A12 8867
DATE OF BIRTH: 9-13-02
RELIGION: Luth

SURGICAL / SURGICAL-MEDICAL / EXTENDED SURGICAL-MEDICAL: ☐ ABOVE ☐ BELOW $4000; ☐ ABOVE ☐ BELOW $6000
FEP HIGH OPTION: ☐ ABOVE ☐ BELOW $5000; ☐ ABOVE ☐ BELOW $7500
SENIOR CITIZEN FEP LOW OPTION: ☐ ABOVE ☐ BELOW $2500; ☐ ABOVE ☐ BELOW $4000

TYPE OF COVERAGE

EMPLOYER: Dept of Army
BROUGHT IN BY: Self
ADDRESS:
RESPONSIBLE PARTY: Ind. Serv.

HOSPITAL NO. 64616-9
DATE ADMITTED: 6-[illegible]-65
DATE DISCHARGED: 7-2-65

ROOM CHARGES: DATE | CODE | ROOM NO. | AMT. 23.00 3 days

HOSPITAL SERVICES / PROFESSIONAL SERVICES

Room & Board Amount	Room & Board Code	Pharmacy Amount	Pharmacy Code	Operating Room Amount	Operating Room Code	Medical & Surgical Materials Amount	Medical & Surgical Materials Code	Radiology Amount	Radiology Code	Pathology Amount	Pathology Code	Anesthesiology Amount	Anesthesiology Code	E K G Amount	E K G Code	Other Services Amount	Other Services Code	Total Credits Amount	Total Credits Code	Date	Balance Due	
23.00	2																			JUN 23 65	23.00	23.00
23.00	2	3.90	1							6.00	628											
										2.50	933									JUN 30 65	58.40	
23.00	2	1.75	1					15.00	210													
								15.00	204	2.50	933											
										6.00	628			15.00	1					JUL 1 65	136.65	58.40
		4.50	1			16.00	7	35.00	358	15.00	636									JUL 2 65	201.15	136.65
																		10.00	1	JUL 2 65	191.15	201.15
																		102.00	12	JUL 6 65	89.15	191.15
																		[illegible]	2			
																		2.67	7	JUL 12 65	0.00	89.15

Room & Board	Pharmacy	Operating Room	Medical & Surgical Materials	Radiology	Pathology	Anesthesia	Special Services	Other Services	Credits
1. PRIVATE 2. SEMI PRIVATE 3. WARD	1. DRUGS	1. OPERATING ROOM 2. RECOVERY ROOM 3. CAST ROOM	1. OXYGEN THERAPY 2. INTRAVENOUS SOL. 3. ANES. MATERIAL 4. DRESSINGS 5. ACE BANDAGES 6. CAST 7. STERILE TRAYS 8. TUBINGS AND	1. X RAY	1. LABORATORY TESTS ETC.	1. ANESTHESIA	1. E K G	1. PHONE 2. RED CROSS PROCESSING CHARGE 3. TRANSFUSION TRAY 4. CLINIC 5. EMERGENCY ROOM 6. AMBULANCE SERVICE 7. THERAPY	1. PAID - 1 OR 2 2. G.H.I. 3. M.S. LAB. 4. M.S. X-RAY 5. INSURANCE 6. WELFARE 7. ALLOWANCE 8. OTHER

REMARKS:

SURGICAL PROCEDURE

NOTICE TO PATIENT:

TO EXPEDITE YOUR DISCHARGE OCCASIONALLY THERE WILL BE UNAVOIDABLE LATE CHARGES RECEIVED BY THE BUSINESS OFFICE AFTER PATIENT IS DISCHARGED. SHOULD THIS OCCUR PATIENT WILL

COMPLETE FOUNTAIN SERVICE
COSMETICS

PHARMACEUTICALS
BIOLOGICALS

COlumbia 5-0162

ARGYLE PHARMACY

Notary Public

Prescriptions a Specialty

Notary Public

We Call For and Deliver

17th St. and Park Road N. W.

Washington 10, D. C.

Customer's Order No. _____ Date 6/7/1965

Mr. A. Kurgvel

Address _____

SOLD BY	CASH	C. O. D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT	

QUAN.	DESCRIPTION	PRICE	AMOUNT
	Rx 313176		3 00
	Rx-Tylenol		3 00
	Dr. Hantsoo		
	Pd 77		
	Total		6 00

All claims and returned goods MUST be accompanied by this bill.

19480 Rec'd by _____

KURLANSKY, SILVER SPRING, MD. 588-9420

OLN 6-5671

LEONHARD J. HANTSOO, M. D.
701 MARYLAND AVENUE, N. E.
WASHINGTON 2, D. C.

July 31, 1965

Mr. Aleks Kurgvel
3602 16-th Street, N.W.
Washington, D.C.

FOR PROFESSIONAL SERVICES: Rendered for treatment of pernicious anemia

6/29/65 to 7/2/65 Treatment at Casualty Hospital

Total $ 42.00

L J Hantsoo

LEONHARD J. HANTSOO, M. D.
701 MARYLAND AVENUE, N. E.
WASHINGTON 2, D. C.
TELEPHONE LINCOLN 6-6671

December 23,1965

Mr. Aleks Kurgvel
3602 16-th Street,N.W.
Washington, D.C.

For professional services rendered for treatment of anemia.

6/ 7/65	Office visit,injection	$ 6.00
6/11/65	Office visit,injection	$ 6.00
6/15/65	Office visit,injection	$ 6.00
7/ 6/65	Office visit,injection	$ 6.00
7/ 8/65	Office visit,injection	$ 6.00
7/ 9/65	Office visit,injection	$ 5.00
7/12/65	Office visit,injection	$ 6.00
7/13/65	Office visit,injection	$ 5.00
7/15/65	Office visit,injection	$ 6.00
7/19/65	Office visit,injection	$ 6.00
7/26/65	Office visit,injection	$ 6.00
7/27/65	CBC	$ 6.00
7/29/65	Office visit,injection	$ 6.00
8/16/65	Office visit,injection	$ 6.00
8/17/65	CBC	$ 6.00
8/19/65	Office visit,inje ction	$ 5.00
8/30/65	Office visit,injection	$ 5.00
9/ 7/65	Office visit,injection	$ 5.00
9/13/65	Office visit,injection	$ 5.00
9/20/65	Office visit,injection	$ 5.00
9/28/65	Office visit,injection	$ 5.00
10/ 4/65	Office visit,injection	$ 5.00
10/11/65	Office visit,injection	$ 5.00
10/18/65	Office visit,injection	$ 5.00
~~10/19/65~~	~~Office visit,injection~~	~~$ 5.00~~
10/19/65	CBC	$ 6.00
10/25/65	Office visit,injection	$ 5.00
11/ 8/65	Office visit,injection	$ 5.00
11/29/65	Office visit,injection	$ 5.00
12/14/65	Office visit,injection	$ 6.00
12/21/65	Office visit	$ 5.00
12/23/65	Office visit,injection	$ 6.00
	Total	$ 171.00

L. Hantsoo

KURGVEL, ALEX 60 315 0641616-9
6-29-65 MANTSOO LUTH WM 315
3602 15TH ST. N.E.
WASH. D.C.
BL X OF N.Y. 25930

EASTERN DISPENSARY AND CASUALTY HOSPITAL

WASHINGTON 2, D.C.

AGE	60
SEX	M MF
RACE	W
MARITAL STATUS	Married
SOC. SEC. NO.	
PHONE NUMBER	Ad2 8867
DATE OF BIRTH	9-13-02
RELIGION	Luth
COMPENSATION CASE	
G.H.I. NO.	25930
OTHER	B. C. of New York

INCOME LEVELS OF MEDICAL SERVICE PROGRAMS

SURGICAL SURGICAL-MEDICAL EXTENDED SURGICAL-MEDICAL		FEP HIGH OPTION		SENIOR CITIZEN FEP LOW OPTION	
☐ ABOVE ☐ BELOW	$4000	☐ ABOVE ☐ BELOW	$5000	☐ ABOVE ☐ BELOW	$2500
☐ ABOVE ☐ BELOW	$6000	☐ ABOVE ☐ BELOW	$7500	☐ ABOVE ☐ BELOW	$4000

TYPE OF COVERAGE

HOSPITAL NO	764618-9
DATE ADMITTED	6-29-65
DATE DISCHARGED	7-2-65

ROOM CHARGES

DATE	CODE	ROOM NO.	DAILY RATE	NO. OF DAYS
		315	23.00	3 Days

EMPLOYER	Dept of Army
ADDRESS	
BROUGHT IN BY	self
RESPONSIBLE PARTY	Ins. & Pt.

Study Case - 2 part - 9

HOSPITAL SERVICES / PROFESSIONAL SERVICES

ROOM & BOARD AMOUNT	ROOM & BOARD CODE	PHARMACY AMOUNT	PHARMACY CODE	OPERATING ROOM AMOUNT	OPERATING ROOM CODE	MEDICAL & SURGICAL MATERIALS AMOUNT	MEDICAL & SURGICAL MATERIALS CODE	RADIOLOGY AMOUNT	RADIOLOGY CODE	PATHOLOGY AMOUNT	PATHOLOGY CODE	ANESTHESIOLOGY AMOUNT	ANESTHESIOLOGY CODE	EKG AMOUNT	EKG CODE	OTHER SERVICES AMOUNT	OTHER SERVICES CODE	TOTAL CREDITS AMOUNT	TOTAL CREDITS CODE	DATE	BALANCE DUE	VERIFICATION FACTOR
23.00	2																			JUN 29 65	23.00	
23.00	2	3.90	1							6.00	628											
										2.50	933									JUN 30 65	58.40	23.00
23.00	2	1.75	1					15.00	210													
								15.00	204	2.50	933											
										6.00	628			15.00	1					JUL 1 65	136.65	58.40
		4.50	1			10.00	7	35.00	358	15.00	636									JUL 2 65	201.15	136.65
																		10.00	1	JUL 2 65	191.15	201.15
																		102.00	12	JUL 6 65	89.15	191.15
																		86.48	2			
																		2.67	7	AUG 12 65	0.00	89.15

1 TOTAL CHARGES	
LESS: INSURANCE EXPECTED TO PAY	
2 LESS: OTHER CREDITS	
2 LESS: PAID BY PATIENT	
BALANCE DUE SUBJECT TO ABOVE	

ROOM & BOARD	PHARMACY	OPERATING ROOM	MEDICAL & SURGICAL MATERIALS	RADIOLOGY	PATHOLOGY	ANESTHESIA	SPECIAL SERVICES	OTHER SERVICES	CREDITS
1. PRIVATE 2. SEMI-PRIVATE 3. WARD	1. DRUGS	1. OPERATING ROOM 2. RECOVERY ROOM 3. CAST ROOM	1. OXYGEN THERAPY 2. INTRAVENOUS SOL. 3. ANES. MATERIAL 4. DRESSINGS 5. ACE BANDAGES 6. CAST 7. STERILE TRAYS 8. TUBINGS AND CATHETERS 9. MISC. SUPPLIES	1. X-RAY	1. LABORATORY TESTS, ETC.	1. ANESTHESIA	1. EKG	1. PHONE 2. RED CROSS PROCESSING CHARGE 3. TRANSFUSION TRAY 4. CLINIC 5. EMERGENCY ROOM 6. AMBULANCE SERVICE 7. THERAPY 8. OTHERS	1. PAID - 1 OR 2 2. G.H.I. 3. N.S. LAB. 4. N.S. X-RAY 5. INSURANCE 6. WELFARE 7. ALLOWANCE 8. OTHER

NOTICE TO PATIENT:

TO EXPEDITE YOUR DISCHARGE OCCASIONALLY THERE WILL BE UNAVOIDABLE LATE CHARGES RECEIVED BY THE BUSINESS OFFICE AFTER PATIENT IS DISCHARGED. SHOULD THIS OCCUR, PATIENT WILL BE BILLED BY MAIL.

REMARKS:

SURGICAL PROCEDURE

DOCTOR

ADMITTING DIAGNOSIS

FINAL DIAGNOSIS

THIS STATEMENT DOES NOT INCLUDE DOCTOR(S) BILL(S)

POSTING DATE NOT ALWAYS CHARGE DATE

O CORRECTION SYMBOL

PLEASE SHOW FULL NAME OF PATIENT WHEN MAKING REMITTANCE BY MAIL.

PART 2 — CANARY - PATIENT'S COPY

Year: 1965 Name: Mario K.Giordano

Paid to:	Paid for		Date incurred		Cost	Amt.Paid by Basic Plan	Balance Eligible for Major Medical
	Illness	Type of Service.	From	To.			
Argyle Pharmacy	Anemia & arthritis	Drug #313176,Tylenol	6/7		$ 6.--	-	6.00
Casualty Hospital	"	Room for three days	6/29	7/1	69.--	60.--	9.--
" "	"	Pharmacy **	"	"	10.15	10.15	-
" "	"	Sterile trays **	"	"	10.--	10.--	-
" "	"	X-rays **	"	"	65.--	65.--	-
" "	"	Laboratory tests etc. **	"	"	32.--	32.--	-
" "	"	EKG **	"	"	15.--	15.--	-
Taxi	"	To and from hospital	"	"	3.--	3.--	-
Dr.Mantsoo	"	Treatment in Hospital	"	"	42.--	42.--	-
Dr.Mantsoo	"	CBC in Casualty Hospital*	7/26;8/17;10/19.		18.--	18.--	-
Taxis	"	" " " To/From.	"	" "	9.--	9.--	-
Dr.Mantsoo	"	28 Office visits & injections	6/7	to 12/23	153.--	-	153.--
Taxies	"	3 times to Dr.M's Office	6/7-6/17	(3x3)	9.--	-	9.--
Taxis & buses	"	25 times " " "	7/6-12/23	(1.5x25)	37.50	-	37.50
			Totals:		$ 478.65;	264.15;	214.50

*: Out-patient care.

**: Hospital extras,all together $ 132.15.

24 December 1965. Mario K Giordano