

**Billing Statement**

*paid 6/30*

**KENT REYNOLDS**

**Ways To Pay**



**Pay Online**

Visit: [www.bjcwallet.org](http://www.bjcwallet.org)

Enter SecureHealthCode: [REDACTED]



**Pay by Phone**

Call: [REDACTED]

Enter SecureHealthCode: [REDACTED]



**Pay by Mail**

Complete the form below and return in the enclosed envelope. Make check payable to **BJC HealthCare**

**Bill Summary** See following page(s) for itemized charges

Guarantor Name: KENT REYNOLDS  
Statement Account Number: [REDACTED]  
Statement Date: 05/27/2022

Total Charges: \$110,666.46  
Payments & Adjustments: -\$109,843.31

**Amount Due: \$823.15**

Learn more about the following options on the last page of this statement, or visit [www.bjcwallet.org](http://www.bjcwallet.org)

- Bill Inquiries
- Financial Assistance

**Have Questions?**

Call: [REDACTED]

Hours: Mon - Fri 8:00am to 5:00pm CST

**① First Notice**

Any insurance information provided has been billed. The balance is your responsibility and is due upon receipt of this statement. **Payments made less than 10 days before the date of this statement may not appear on this bill.**

Flip Page →



*Paying With Check? Detach and return lower portion with payment*

**Thank you for choosing BJC HealthCare for your health care needs.**

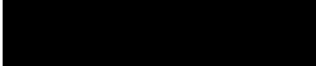
Name: KENT REYNOLDS  
Statement Account Number: [REDACTED]  
Secure Health Code: [REDACTED]

**Amount Due: \$823.15**

Payment Included \$

*If paying by check, make payments to:*

**BJC HEALTHCARE**



**VISIT 1**

Patient Name: KENT K REYNOLDS  
Hospital Visit: [REDACTED]

Location: BARNES JEWISH HOSPITAL  
Guarantor: [REDACTED]

Date	Description of Service	Amount
02/09/2022	DRUG/DETAIL CODE	\$29.50
02/09/2022	DRUGS/SELF ADMIN	\$1.80
02/09/2022	DX X-RAY	\$301.00
02/09/2022	DX X-RAY/CHEST	\$290.00
02/09/2022	EKG/ECG	\$485.00
02/09/2022	LAB/BACT-MICRO	\$798.00
02/09/2022	LAB/CHEMISTRY	\$493.00
02/09/2022	LAB/HEMATOLOGY	\$290.00
02/09/2022	LAB/IMMUNOLOGY	\$258.00
02/09/2022	LABORATORY	\$363.00
02/09/2022	ONCOLOGY/PVT	\$5,700.00
02/10/2022	CT SCAN/BODY	\$4,215.00
02/10/2022	DRUG/DETAIL CODE	\$306.42
02/10/2022	DRUGS/SELF ADMIN	\$13.45
02/10/2022	DX X-RAY	\$301.00
02/10/2022	DX X-RAY/CHEST	\$290.00
02/10/2022	LAB/BACT-MICRO	\$139.00
02/10/2022	LAB/CHEMISTRY	\$1,156.00
02/10/2022	LAB/HEMATOLOGY	\$156.00
02/10/2022	LAB/IMMUNOLOGY	\$258.00
02/10/2022	LAB/UROLOGY	\$15.00
02/10/2022	LABORATORY	\$300.00
02/10/2022	ONCOLOGY/PVT	\$5,700.00
02/11/2022	DRUG/DETAIL CODE	\$115.45
02/11/2022	DRUGS/SELF ADMIN	\$288.00
02/11/2022	LAB/CHEMISTRY	\$221.00
02/11/2022	LABORATORY	\$50.00
02/11/2022	ONCOLOGY/PVT	\$5,700.00

Visit 1 charges continued →

...Visit 1 charges continued

Date	Description of Service	Amount
02/11/2022	PHARMACY	\$46.50
02/12/2022	DRUG/DETAIL CODE	\$161.60
02/12/2022	DRUGS/SELF ADMIN	\$576.00
02/12/2022	DX X-RAY	\$602.00
02/12/2022	LAB/CHEMISTRY	\$395.00
02/12/2022	LAB/HEMATOLOGY	\$111.00
02/12/2022	LABORATORY	\$50.00
02/12/2022	ONCOLOGY/PVT	\$5,700.00
02/12/2022	PHARMACY	\$39.10
02/13/2022	DRUG/DETAIL CODE	\$11.75
02/13/2022	DRUGS/SELF ADMIN	\$577.00
02/13/2022	DX X-RAY	\$301.00
02/13/2022	LAB/CHEMISTRY	\$395.00
02/13/2022	LAB/HEMATOLOGY	\$111.00
02/13/2022	LABORATORY	\$50.00
02/13/2022	ONCOLOGY/PVT	\$5,700.00
02/13/2022	PHARMACY	\$48.05
02/14/2022	DRUG/DETAIL CODE	\$27.80
02/14/2022	DRUGS/SELF ADMIN	\$577.00
02/14/2022	LAB/CHEMISTRY	\$604.00
02/14/2022	LAB/HEMATOLOGY	\$245.00
02/14/2022	LAB/IMMUNOLOGY	\$258.00
02/14/2022	LABORATORY	\$300.00
02/14/2022	ONCOLOGY/PVT	\$5,700.00
02/14/2022	PHARMACY	\$34.05
02/15/2022	DRUG/DETAIL CODE	\$96.10
02/15/2022	DRUGS/SELF ADMIN	\$586.25
02/15/2022	DX X-RAY	\$301.00
02/15/2022	LAB/CHEMISTRY	\$395.00
02/15/2022	LAB/HEMATOLOGY	\$111.00
02/15/2022	LABORATORY	\$50.00
02/15/2022	ONCOLOGY/PVT	\$5,700.00
02/15/2022	PHARMACY	\$57.40
02/16/2022	DRUG/DETAIL CODE	\$51.55
02/16/2022	DRUGS/SELF ADMIN	\$577.00
02/16/2022	LAB/CHEMISTRY	\$395.00
02/16/2022	LAB/HEMATOLOGY	\$111.00
02/16/2022	LABORATORY	\$50.00
02/16/2022	ONCOLOGY/PVT	\$5,700.00
02/16/2022	PHARMACY	\$25.50
02/17/2022	DRUG/DETAIL CODE	\$47.05
02/17/2022	DRUGS/SELF ADMIN	\$580.00
02/17/2022	LAB/CHEMISTRY	\$604.00
02/17/2022	LAB/HEMATOLOGY	\$111.00

Visit 1 charges continued →

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**...Visit 1 charges continued**

Date	Description of Service	Amount
02/17/2022	LAB/IMMUNOLOGY	\$258.00
02/17/2022	LABORATORY	\$300.00
02/17/2022	ONCOLOGY/PVT	\$5,700.00
02/17/2022	PHARMACY	\$18.65
02/18/2022	DRUG/DETAIL CODE	\$136.55
02/18/2022	DRUGS/SELF ADMIN	\$578.35
02/18/2022	LAB/CHEMISTRY	\$395.00
02/18/2022	LAB/HEMATOLOGY	\$111.00
02/18/2022	LABORATORY	\$50.00
02/18/2022	ONCOLOGY/PVT	\$5,700.00
02/18/2022	PHARMACY	\$75.20
02/19/2022	DRUG/DETAIL CODE	\$139.10
02/19/2022	DRUGS/SELF ADMIN	\$578.35
02/19/2022	LAB/CHEMISTRY	\$395.00
02/19/2022	LAB/HEMATOLOGY	\$111.00
02/19/2022	LABORATORY	\$50.00
02/19/2022	ONCOLOGY/PVT	\$5,700.00
02/19/2022	PHARMACY	\$60.10
02/20/2022	DRUG/DETAIL CODE	\$59.90
02/20/2022	DRUGS/SELF ADMIN	\$290.35
02/20/2022	LAB/CHEMISTRY	\$395.00
02/20/2022	LAB/HEMATOLOGY	\$111.00
02/20/2022	LABORATORY	\$50.00
02/20/2022	ONCOLOGY/PVT	\$7,100.00
02/20/2022	PHARMACY	\$25.50
02/21/2022	DRUG/DETAIL CODE	\$79.65
02/21/2022	DRUGS/SELF ADMIN	\$290.35
02/21/2022	LAB/CHEMISTRY	\$604.00
02/21/2022	LAB/HEMATOLOGY	\$245.00
02/21/2022	LAB/IMMUNOLOGY	\$258.00
02/21/2022	LABORATORY	\$300.00
02/21/2022	MED-SUR SUPPLIES	\$187.01
02/21/2022	ONCOLOGY/PVT	\$7,100.00
02/21/2022	OR SERVICES	\$4,444.00
02/21/2022	PHARMACY	\$54.05
02/21/2022	STERILE SUPPLY	\$1,670.88
02/22/2022	DRUG/DETAIL CODE	\$11.55
02/22/2022	DRUGS/SELF ADMIN	\$50.25
02/22/2022	LAB/CHEMISTRY	\$395.00
02/22/2022	LAB/HEMATOLOGY	\$111.00
02/22/2022	LABORATORY	\$50.00
02/22/2022	PHARMACY	\$24.35

Notes: Please remit payment by the due date.

Adjustments: -\$21,209.20  
 Insurance Payments: -\$88,634.11

**Total Amount: \$823.15**

Handwritten: \$109,843.31



### Payment Plan Notice

**KENT REYNOLDS**

### Payment Plan Summary

Guarantor Name: KENT REYNOLDS  
 Statement Account Number: [REDACTED]  
 Statement Date: 03/09/2023

Current Account Balance: \$1,093.16  
 Monthly Installment Amount: \$823.15  
 Due Date: 04/08/2023

**Amount Due: \$1,093.16**

#### **i** About Your Payment Plan

You are currently enrolled in a payment plan. Your next payment of \$823.15 is due by 04/08/2023. If you're paying online, you will be asked for the bill amount. This is NOT your payment plan amount. It is your outstanding balance of \$1,093.16

### Ways To Pay



#### Pay Online

Visit: [www.bjcwallet.org](http://www.bjcwallet.org)  
 Enter SecureHealthCode: [REDACTED]



#### Pay on Smartphone

Scan QR Code



#### Pay by Phone

Call: [REDACTED]  
 Enter SecureHealthCode: [REDACTED]



#### Pay by Mail

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- Bill Inquiries
- Financial Assistance

### Have Questions?

Call: [REDACTED]

Hours: Mon - Fri 8:00am to 5:00pm CST

Flip Page →



*Paying With Check? Detach and return lower portion with payment*

Thank you for choosing BJC HealthCare for your health care needs.

Name: KENT REYNOLDS  
 Statement Account Number: [REDACTED]  
 Secure Health Code: [REDACTED]

**Amount Due: \$1,093.16**

Payment Included \$

*If paying by check, make payments to:*

**BJC HEALTHCARE**



**Visit 1**Patient Name: KENT K REYNOLDS  
Hospital Visit: [REDACTED]Location: BARNES JEWISH HOSPITAL  
Guarantor: [REDACTED]

Date	Description of Service	Amount
02/09/2022	DRUG/DETAIL CODE	\$29.50
02/09/2022	DRUGS/SELF ADMIN	\$1.80
02/09/2022	DX X-RAY	\$301.00
02/09/2022	DX X-RAY/CHEST	\$290.00
02/09/2022	EKG/ECG	\$485.00
02/09/2022	LAB/BACT-MICRO	\$798.00
02/09/2022	LAB/CHEMISTRY	\$493.00
02/09/2022	LAB/HEMATOLOGY	\$290.00
02/09/2022	LAB/IMMUNOLOGY	\$258.00
02/09/2022	LABORATORY	\$363.00
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02/10/2022	CT SCAN/BODY	\$4,215.00
02/10/2022	DRUG/DETAIL CODE	\$306.42
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02/10/2022	LAB/BACT-MICRO	\$139.00
02/10/2022	LAB/CHEMISTRY	\$1,156.00
02/10/2022	LAB/HEMATOLOGY	\$156.00
02/10/2022	LAB/IMMUNOLOGY	\$258.00
02/10/2022	LAB/UROLOGY	\$15.00
02/10/2022	LABORATORY	\$300.00
02/10/2022	ONCOLOGY/PVT	\$5,700.00
02/11/2022	DRUG/DETAIL CODE	\$115.45
02/11/2022	DRUGS/SELF ADMIN	\$288.00
02/11/2022	LAB/CHEMISTRY	\$221.00
02/11/2022	LABORATORY	\$50.00
02/11/2022	ONCOLOGY/PVT	\$5,700.00

**Visit 1 charges continued →**

**...Visit 1 charges continued**

Date	Description of Service	Amount
02/11/2022	PHARMACY	\$46.50
02/12/2022	DRUG/DETAIL CODE	\$161.60
02/12/2022	DRUGS/SELF ADMIN	\$576.00
02/12/2022	DX X-RAY	\$602.00
02/12/2022	LAB/CHEMISTRY	\$395.00
02/12/2022	LAB/HEMATOLOGY	\$111.00
02/12/2022	LABORATORY	\$50.00
02/12/2022	ONCOLOGY/PVT	\$5,700.00
02/12/2022	PHARMACY	\$39.10
02/13/2022	DRUG/DETAIL CODE	\$11.75
02/13/2022	DRUGS/SELF ADMIN	\$577.00
02/13/2022	DX X-RAY	\$301.00
02/13/2022	LAB/CHEMISTRY	\$395.00
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02/13/2022	LABORATORY	\$50.00
02/13/2022	ONCOLOGY/PVT	\$5,700.00
02/13/2022	PHARMACY	\$48.05
02/14/2022	DRUG/DETAIL CODE	\$27.80
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02/15/2022	PHARMACY	\$57.40
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02/16/2022	LAB/CHEMISTRY	\$395.00
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02/16/2022	LABORATORY	\$50.00
02/16/2022	ONCOLOGY/PVT	\$5,700.00
02/16/2022	PHARMACY	\$25.50
02/17/2022	DRUG/DETAIL CODE	\$47.05
02/17/2022	DRUGS/SELF ADMIN	\$580.00
02/17/2022	LAB/CHEMISTRY	\$604.00
02/17/2022	LAB/HEMATOLOGY	\$111.00

**Visit 1 charges continued →**

**...Visit 1 charges continued**

Date	Description of Service	Amount
02/17/2022	LAB/IMMUNOLOGY	\$258.00
02/17/2022	LABORATORY	\$300.00
02/17/2022	ONCOLOGY/PVT	\$5,700.00
02/17/2022	PHARMACY	\$18.65
02/18/2022	DRUG/DETAIL CODE	\$136.55
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02/18/2022	LAB/CHEMISTRY	\$395.00
02/18/2022	LAB/HEMATOLOGY	\$111.00
02/18/2022	LABORATORY	\$50.00
02/18/2022	ONCOLOGY/PVT	\$5,700.00
02/18/2022	PHARMACY	\$75.20
02/19/2022	DRUG/DETAIL CODE	\$139.10
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02/19/2022	LAB/CHEMISTRY	\$395.00
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02/19/2022	LABORATORY	\$50.00
02/19/2022	ONCOLOGY/PVT	\$5,700.00
02/19/2022	PHARMACY	\$60.10
02/20/2022	DRUG/DETAIL CODE	\$59.90
02/20/2022	DRUGS/SELF ADMIN	\$290.35
02/20/2022	LAB/CHEMISTRY	\$395.00
02/20/2022	LAB/HEMATOLOGY	\$111.00
02/20/2022	LABORATORY	\$50.00
02/20/2022	ONCOLOGY/PVT	\$7,100.00
02/20/2022	PHARMACY	\$25.50
02/21/2022	DRUG/DETAIL CODE	\$79.65
02/21/2022	DRUGS/SELF ADMIN	\$290.35
02/21/2022	LAB/CHEMISTRY	\$604.00
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02/21/2022	LAB/IMMUNOLOGY	\$258.00
02/21/2022	LABORATORY	\$300.00
02/21/2022	MED-SUR SUPPLIES	\$187.01
02/21/2022	ONCOLOGY/PVT	\$7,100.00
02/21/2022	OR SERVICES	\$4,444.00
02/21/2022	PHARMACY	\$54.05
02/21/2022	STERILE SUPPLY	\$1,670.88
02/22/2022	DRUG/DETAIL CODE	\$11.55
02/22/2022	DRUGS/SELF ADMIN	\$50.25
02/22/2022	LAB/CHEMISTRY	\$395.00
02/22/2022	LAB/HEMATOLOGY	\$111.00
02/22/2022	LABORATORY	\$50.00
02/22/2022	PHARMACY	\$24.35

Notes: This balance is included in your payment plan. Please remit payment by the due date.

Adjustments: ✓ - \$2,740.87  
 Insurance Payments: ✓ - \$106,009.28  
 Patient Payments: - \$823.15

**Total Amount: \$1,093.16**

*6108,750.15*



Member ID# [REDACTED]

Group #: [REDACTED]

Customer Advocates are here to help! [REDACTED]

**CLAIM DETAIL (1 of 1)**
**PATIENT:** KENT K. REYNOLDS

**PROVIDER:** BARNES JEWISH HOSP

**CLAIM #:** [REDACTED]

**DATE PROCESSED:** 02/21/2023

**SERVICE DATES:** 02/09/2022 - 02/22/2022

We have reviewed the claim which was previously processed for this patient. The following shows how this claim was adjusted.

Amount Billed	\$110,666.46
Discounts and Reductions	-\$101.38
Health Plan Responsibility	-\$60,348.77
<b>You may owe your health care provider for these services</b>	<b>\$50,216.31</b>

Service Description	YOUR BENEFITS APPLIED				YOUR RESPONSIBILITY				Your Total Costs
	Amount Billed	Discounts and Reductions	Amount Covered (Allowed)	Health Plan Responsibility	Deductible Amount	Copay Amount	Coinsurance	Amount Not Covered	
Private Room	14,200.00		4,400.00	3,960.00			440.00	(1)9,800.00	10,240.00
Private Room	62,700.00		24,200.00	22,723.69			1,476.31	(1)38,500.00	39,976.31
Drugs	6,850.80		6,850.80	6,850.80					0.00
X-Ray Services	195.82		195.82	195.82					0.00
Med/Surg Supplies	187.01		187.01	187.01					0.00
Med/Surg Supplies	1,670.88		1,670.88	1,670.88					0.00
Laboratory Services	2,013.00		2,013.00	2,013.00					0.00
Laboratory Services	6,842.00		6,842.00	6,842.00					0.00
Laboratory Services	1,290.00		1,290.00	1,290.00					0.00
Laboratory Services	1,935.00		1,935.00	1,935.00					0.00
Laboratory Services	937.00		937.00	937.00					0.00
Laboratory Services	15.00		15.00	15.00					0.00
X-Ray Services	1,806.00		1,806.00	1,806.00					0.00
X-Ray Services	580.00		580.00	580.00					0.00
CAT Scan	4,215.00		4,215.00	4,215.00					0.00
Drugs	299.95	(2)101.38	198.57	198.57					0.00
EKG Inpatient	485.00		485.00	485.00					0.00
Spec. Medical Visit	4,444.00		4,444.00	4,444.00					0.00



Service Description	YOUR BENEFITS APPLIED				YOUR RESPONSIBILITY				Your Total Costs
	Amount Billed	Discounts and Reductions	Amount Covered (Allowed)	Health Plan Responsibility	Deductible Amount	Copay Amount	Coinsurance	Amount Not Covered	
<b>CLAIM TOTALS</b>	\$110,666.46	\$101.38	\$62,265.08	\$60,348.77	\$0.00	\$0.00	\$1,916.31	\$48,300.00	\$50,216.31

**Notes about amounts under "YOUR BENEFITS APPLIED" and "YOUR RESPONSIBILITY"**

- (1) This charge is greater than the amount your Health Care Plan covers for semi-private and private hospital rooms. No payment can be made beyond the allowed amount.
- (2) The amount billed is more than what is allowed for this service. Your provider should not bill you for any balance over what is allowed.

For your up-to-date Medical Spending summary, visit Blue Access for Members<sup>SM</sup> on our website, the BCBSIL Mobile App or call the phone number on the back of your ID card.

KENT K REYNOLDS - Benefit Period: 01-01-22 Through 12-31-22 To date, [REDACTED] of this patient's [REDACTED] Out-of-pocket Expense has been met.

Benefit Period: 01-01-22 Through 12-31-22 To date [REDACTED] of the Family [REDACTED] Out-of-pocket Expense has been met.