Explanation of Statements

1. **Guarantor Information**
   The name and address of the guarantor (responsible party)

2. **Statement Date**
   The date the statement was generated

3. **Pay This Amount**
   The amount now due for this specific account

4. **Account #**
   The account number

5. **Admit - Discharge Dates**
   The admit and discharge date for this specific account

6. **Charge Department**
   A summarized total of charges for each department, with dollar amounts in the Charges column.

7. **Total Charges**
   A total of all charges on this specific account for all departments.

8. **Total Payments**
   A listing of all payments and adjustments made to the account, with the dollar amount in the Payments column.

9. **Balance Due**
   The total charges amount minus the total payments and adjustments amount. The dollar amount will appear in the Insurance Pending column if payment is expected from your insurance company, and in the Patient Pay column if payment is expected from you.

10. **Patient Name**
    The name of the patient who received these services.

11. **Charges Column**
    All charges dollar amounts will print in this column.

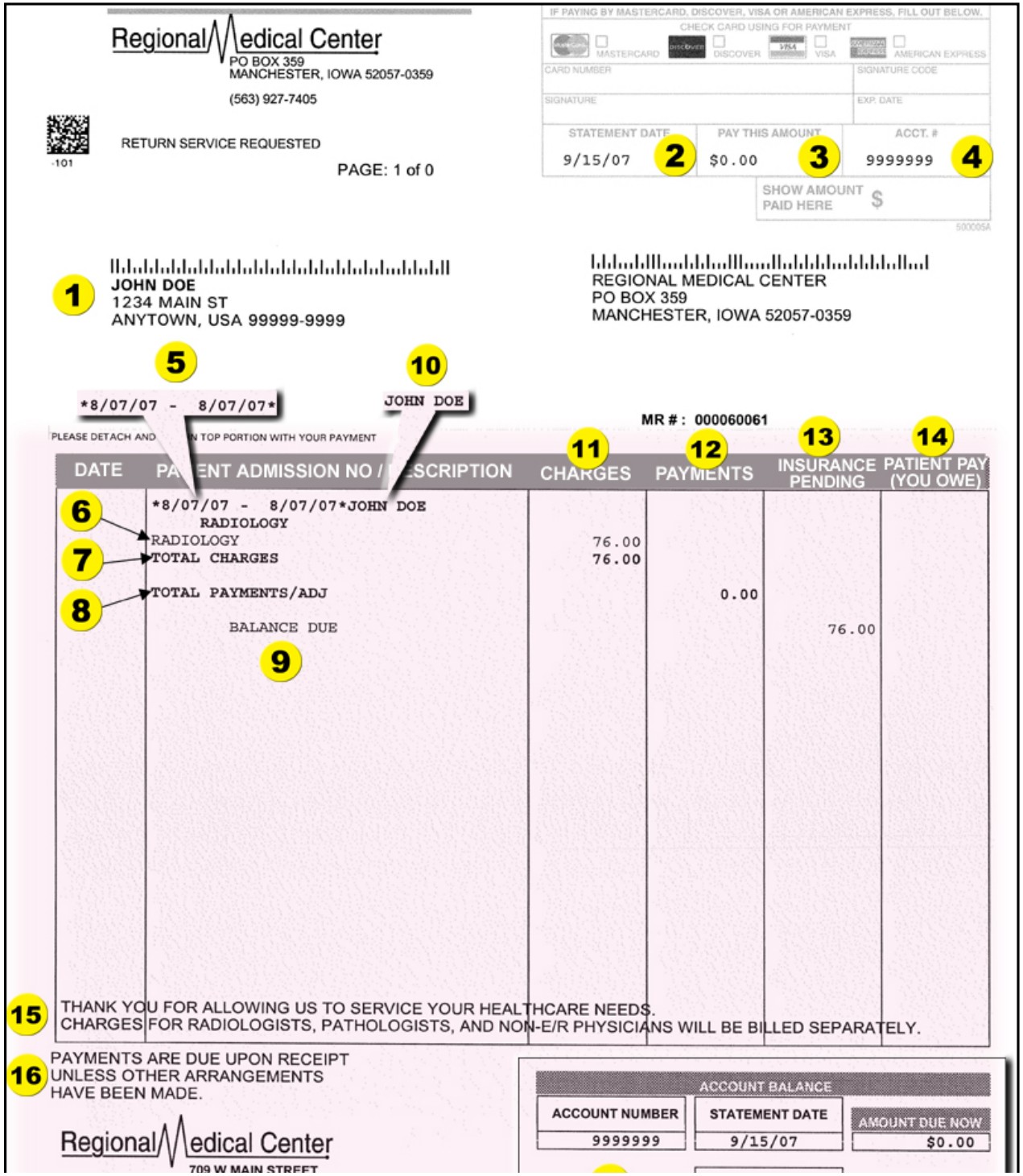
12. **Payments Column**
    All payments dollar amounts will print in this column.

13. **Insurance Pending Column**
    All dollar amounts pending payment from your insurance.

14. **Patient Pay (You Owe) Column**
    All dollar amounts reflecting amount due from you.

15. **Professional Fee Billing Notice**
    Hospital charges do not include fees by the radiologist, pathologist or non-ER physician. These will be billed separately.

16. **Payments Due Upon Receipt**
    Please pay the amount due now, or call the phone number located on the bottom of the statement to make other arrangements.



17. Account Detail
Information from the top portion of the statement is repeated here.

PO BOX 359
MANCHESTER, IA 52057
(563) 927-7405

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INSURANCE PENDING
76.00

RETAIN THIS COPY
FOR YOUR RECORDS