



# Samaritan / Albany Memorial Hospital

A MEMBER OF NORTHEAST HEALTH

Patient Accounting Department

600 Northern Blvd, Albany, NY 12204

(518) 427-3379 fax (518) 471-3254

Friday, January 03, 2003

LISA M. BAKER  
10 SEVENTH STREET  
WATERFORD, NY 12188

Dear Ms. Baker:

Attached you will find a copy of the itemized statement for services rendered to you in the Emergency Room on October 24, 2002.

Please note the charges have been corrected. I sent a corrected bill to Medicare today, and as soon as they adjust their payment, a correction will be sent to Medicaid.

The charge for your insulin was entered incorrectly, the original total charges were \$7,802.00 the bill has been corrected to \$808.15.

If you have any questions please feel free to contact me at (518) 427-3379 Monday - Friday, 8:00 a.m. To 3:00 p.m.

Sincerely,

Mary Leary, Patient Accounting Representative

Samaritan/Albany Memorial Hospital