



**SAULT AREA
HOSPITAL**
**HÔPITAL DE
SAULT-SAINTE-MARIE**

PATIENT BILL: Visit website (www.sah.on.ca)
This invoice reflects the dates below and the
patient balance due.
Cashier Office (Mon - Fri 08:00-16:00) to make
a payment.
Please call (705) 759-3434 x.5415

Responsible Party:

Moore, Deirdre Ann
1244 Lampman Crescent
Ottawa, ON K2C 1P8

Name: Moore, Deirdre Ann
Service Date: 05/08/24

Account Number: SE0034171/25
Bill Date: 10/10/24

Insurance Coverage

UNINSURED RESIDENT

Service Date	Description	Quantity	Amount
05/08/24	Fees Physician DR M BODNAR	1	359.32
05/08/24	Visit Emergency	1	386.00
05/08/24	Visit Radiology	1	179.00

Total Charges	924.32
Total Credits:	0.00
Your Estimated Amount Due:	924.32