



**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**Account Number: SM0000195/25****Service Dates: 07/08/24 - 20/08/24****Bill Date: 12/12/24****Insurance Coverage**

UNINSURED RESIDENT

Service Date	Description	Quantity	Amount
07/08/24	Visit Emergency	1	386.00
08/08/24	Ambulance	1	240.00
08/08/24	Fees Physician DR M BODNAR	1	165.75
08/08/24	Ward Mental Health 1C Room SAC115/Ward	1	1,839.00
09/08/24	Ward Mental Health 1C Room SAC115/Ward	1	1,839.00

Total Charges	24,698.75
Total Credits:	0.00
Your Estimated Amount Due:	24,698.75

Service Date	Description	Quantity	Amount
10/08/24	Ward Mental Health 1C Room SAC115/Ward	1	1,839.00
11/08/24	Ward Mental Health 1C Room SAC115/Ward	1	1,839.00
12/08/24	Ward Mental Health 1C Room SAC115/Ward	1	1,839.00
13/08/24	Ward Mental Health 1C Room SAC115/Ward	1	1,839.00
14/08/24	Ward Mental Health 1C Room SAC115/Ward	1	1,839.00
15/08/24	Ward Mental Health 1C Room SAC115/Ward	1	1,839.00
16/08/24	Ward Mental Health 1C Room SAB123/Ward	1	1,839.00
17/08/24	Ward Mental Health 1C Room SAB123/Ward	1	1,839.00
18/08/24	Ward Mental Health 1C Room SAB123/Ward	1	1,839.00
19/08/24	Ward Mental Health 1C Room SAB123/Ward	1	1,839.00
20/08/24	Ward Mental Health 1C Room SAB123/Ward	1	1,839.00