



**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: 21/08/24

Account Number: SE0036461/25
Bill Date: 12/12/24

Insurance Coverage

UNINSURED RESIDENT

Service Date	Description	Quantity	Amount
21/08/24	Fees Physician DR A PARENT	1	104.39
21/08/24	Visit Emergency	1	386.00

Total Charges	490.39
Total Credits:	0.00
Your Estimated Amount Due:	490.39