**Patient Name:** DEIRDRE MOORE

**Patient ID:** V00007994803

| DATE | DESCRIPTION | CHARGE | PAYMENTS / ADJUSTMENTS | TOTAL |
|---|---|---|---|---|
| Patient: DEIRDRE MOORE \| Patient ID: V00007994803 - ( at Erie County Medical Center Corporation) | | | | |
| 5/6/2025 | FINAL - BILL # 1 | $104,300.89 * | | |
| | Patient Adjustments | | (- $85,001.89) | |
| | | $104,300.89 | - $85,001.89 | $19,299.00 |

**Amount Due**
Due Upon Receipt

**$19,299.00**

* Ergo, if I had been covered by some insurance plan, the racket that is ECMCC Zone 5-2 would have received $104,300.89 for its incompetence, negligence & criminality.

If any of the following has changed since your last statement, please indicate JM/AD

| Your Name (Last, First, Middle Initial) | | Date of Birth | Your PRIMARY Insurance Company's Name | Policyholder's ID # | Group Plan # |
|---|---|---|---|---|---|
| Address | | | Primary Insurance Company's Address | | |
| City | State | Zip | City | State | Zip |
| Telephone | Social Security # | | Policyholder Name | Date of Birth | Sex |
| Employer's Name | Telephone | | Your SECONDARY Insurance Company's Name | Policyholder's ID # | Group Plan # |
| Employer's Address | | | Secondary Insurance Company's Address | | |
| City | State | Zip | City | State | Zip |
| Please Indicate if Applicable: ☐ Auto Accident ☐ Worker's Compensation | | | Policyholder Name | Date of Birth | Sex |
| Date of Injury | | | | | |

Z 1/1