

(BB)

## Valley Medical Center

PO Box 50010  
Renton, WA 98058-5010  
425 251- 5185

Discharge Instructions  
for:

**Laham, Elana**

Arrival Date:

**Wednesday, June 29, 2011**

Thank you for using Valley Medical Center for your care today. It is important for you to know that the examination, treatment and x-ray reading you have received in the Emergency Care Center today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit

Care provided by: DePaepe 97, J, MD

Diagnosis:

Dermatitis

DISCHARGE INSTRUCTIONS	FORMS
DERMATITIS, Non-Specific	None
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
<b>Fujisaki, Craig</b> (Dermatology) When: Call for an appointment <b>Pepper, Ellendee</b> (Dermatology) When: Other <i>(Lena) Nurse</i>	None
SPECIAL NOTES	
<u>May apply Monostat twice daily x 2 weeks.</u>	

**X-RAYS and LAB TESTS:**

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 2 to 7 days to get results. If there is a change in the x-ray diagnosis or a positive culture we will contact you. **(Make sure we have your local phone number.)**

**MEDICATIONS:**

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Elana  
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CHK #2106

**FredMeyer**

THANK YOU FOR CHOOSING FREDDY'S!

365 Renton Center Way SW  
425-204-5200  
YOUR CASHIER WAS ELISSA

Mon Stat

38004549600 FEMLINE HUG 9.99  
22790200000 BKRY DSSRT 10.14  
TAX 0.95  
BALANCE 21.08  
CHECK 21.08  
CHANGE 0.00

TOTAL NUMBER OF ITEMS SOLD 2  
06/29/11 12:30PM 459.7117 1394996

\*\*\*\*\*  
ENTER TO WIN  
ONE OF 20  
\$100 GIFT CARDS  
\*\*\*\*\*

You are invited to complete a survey  
about your recent visit to Fred Meyer  
Answer by internet @  
[www.talkkroger.com](http://www.talkkroger.com)

You need this receipt to receive  
\*\*\*\*\*  
Survey Entry Code 701 999  
\*\*\*\*\*

You could have earned 20 POINTS  
with your Fred Meyer receipt today.  
Ask any associate for more information.

SAVE THIS RECEIPT FOR REFUNDS  
OR ADJUSTMENTS

06/29/11 12:30PM 459.7117 1394996



# Transmission Log

The Boeing Company

Sunday, 2011-04-03 11:25

4252373769

Date	Time	Type	Job #	Length	Speed	Station Name/Number	Pgs	Status
2011-04-03	11:24	SCAN	03354	0:42	9600	84256564026	1	OK -- V.29 BR30

April 4, 2011

Valley Medical Center  
Attention Medical Records,  
400 South 43<sup>rd</sup> Street  
Renton, WA 98058-5010  
Phone: 425-228-3440 or 425-251-5159  
Fax: 425-656-4026

To Medical Records,

Be informed that I, Elana Laham, am I new patient of your hospital. Therefore, I request that you enter into my medical records that I am allergic to the following medications:

ALL STERIODS - I am allergic to them and I refuse to take ANY steroids, whether topical or systemic or whatever else you call them.

Betamethasone - It produces a bright red rash on my skin.

Erythromycin - It produces swelling and redness around my eyes.

Demoral - It produces fine motor mis-coordination of hand and eye.

If you have any questions, contact me at the address below:

Sincerely,

Elana Laham  
P.O. Box 66  
Renton, WA 98057-0066

Medical Records

425 251 5159

425 2 656 4026





**BlueCross BlueShield  
of Illinois**

300 East Randolph  
Chicago, Illinois 60601-5099



BB

**Explanation of Benefits (EOB). This is not a bill.**  
**BOEING TRADITIONAL MEDICAL PLAN**  
07-11-11

Customer Service: 1-888-802-8776

**MICHAEL S LAHAM**  
**PO BOX 66**  
**RENTON WA 98057-0066**

**\*\*THE IMPORTANT UPDATE SECTION IS NOT  
APPLICABLE TO ALL POLICIES OR PLANS\*\***

**SUMMARY**

**Total Billed:** \$286.00  
**Total Benefits Approved:** \$131.39  
**Amount You May Owe Provider:** \$108.85

**Claim Information**

**Member Name:** MICHAEL S LAHAM  
**Group No.:** 7SPE00  
**Identification No.:** BHP831604964  
**Claim No.:** 119055701T60H  
**Patient Name:** ELANA LAHAM

**SERVICE INFORMATION**

	Service Date	Amount Billed	Not Covered	Covered
VALLEY MEDICAL CEN				
Emer Room Services	06-29-11	286.00	45.76 (1)	240.24
<b>Totals</b>		<b>\$286.00</b>	<b>\$45.76</b>	<b>\$240.24</b>

**COVERAGE INFORMATION**

<b>Totals</b>	<b>\$286.00</b>	<b>\$45.76</b>	<b>\$240.24</b>
<b>Deductions</b>			
Applied to 2011 Health Care Plan Deductible	\$58.85		
Your Emergency Copayment Amount	\$50.00		
<b>Total Deductions</b>			<b>\$108.85</b>
<b>Total Benefits Approved</b>			<b>\$131.39</b>
<b>Amount You May Owe Provider</b>			<b>\$108.85</b>
Total covered benefits approved for this claim: \$131.39 to VALLEY MEDICAL CEN on 07-11-11.			

**Information About Out-Of-Pocket Expenses**

**Patient:** ELANA LAHAM  
**Benefit Period:** 01-01-11 Through 12-31-11

To date this patient has met \$225.00 of her/his \$225.00 Health Care Plan Deductible.

**Information About Out-Of-Pocket Expenses**

**Benefit Period:** 01-01-11 Through 12-31-11

To date \$450.00 of your family Health Care Plan Deductible has been met.







**BlueCross BlueShield  
of Illinois**

300 East Randolph  
Chicago, Illinois 60601-5099

**Information About Appeals**

the criterion that was relied upon and that a copy will be provided free of charge upon request

- \* If based on medical necessity, experimental treatment or similar exclusion, either an explanation of such exclusion applying the terms of the Plan to the Claimant's medical circumstances or a statement that such explanation will be provided free of charge upon request

If you are not satisfied with the determination, please call Blue Cross and Blue Shield of Illinois (BCBSIL) at the customer service number on the first page of this EOB, or write to the BCBSIL Claim Review Section, P. O. Box 2401, Chicago, Illinois 60690-1364. If after investigation, BCBSIL determines that the claim (or portion of a claim) was correctly denied, you may appeal the denial as detailed here.

Under federal law, you are entitled to a full and fair review of the denied claim. Appeals may be made verbally or in writing within 180

- \* Descriptions of the administrative processes and safeguards used in making the benefit determination
- \* Records of any independent reviews conducted by the Plan
- \* Medical judgments, including determinations about whether a particular service is experimental, investigational or not medically necessary or appropriate
- \* Expert advice and consultation obtained by the Plan in connection with your denied claim, whether or not the advice was relied upon in making the benefit determination

For additional information about eligibility related denials or a rescission decision, please reference the phone number below for Total Access: 1-866-473-2016 (Request Health and Insurance).



**Valley Medical Center**  
Registration Services

400 South 43rd Street  
P.O. Box 50010  
Renton, WA 98058-5010  
(425) 251-5178

**47597**

NAME: Elana Laham

ACCT #: 11180-00134

FOR: 50 GPCO-pay

RECEIVED BY: Melody L.

DATE: 6/29/11

AMOUNT: \$ 50.00

☐ CASH ☒ CHECK ☐ BANK CARD

☐ Admitting ☒ Emergency ☐ Imaging ☐ Rehab ☐ Surgery ☐ Check # 2105

96-0820-9 (8/02)

