JACKSON PURCHASE MED CTR PO BOX 290429 **NASHVILLE TN 372290429** http://WWW.JACKSONPURCHASE.COM 8552978330

Receipt Number	: 263915528	Transaction Type `	: Payment
Customer	: MROCZKOWSK,MONIKA	Status	: Approved
Email	:	Original Tx No	:
Transaction Date(Central time)	: 07/24/2025 04:08 PM	Source	: HPS
Payment Made By Name	: MROCZKOWSK,MONIKA	Payment Mode	: Manual
Payment Reference	:		

Description	Patient	Responsible Party	Account#	Service Location ID	Reference ID	Transaction Amount
JACKSON PURCHASE MEDICAL CENTER	MROCZKOWSK,MONIKA	MROCZKOWSK,MŌNIKA	909267898	5387	263915528	\$213.67
	Date of Service :	Item Description : Payment				Remaining Balance: NA

Payment Received	Transaction Amount	
Credit Card : Visa ending 8090 Authorization : #098145 Processor Type : FD	\$213.67	

Thank you for your payment. Unless otherwise specified, partial payments made towards an existing balance are not accepted as payment in full.

I agree to pay the above amou	unt according to the card issuer agreement.
Authorized Signature:	

JACKSON PURCHASE MED CTR PO BOX 290429 **NASHVILLE TN 372290429** http://WWW.JACKSONPURCHASE.COM 8552978330

Receipt Number	: 263915288	Transaction Type '	: Payment
Customer	: MROCZKOWSK,MONIKA	Status	: Approved
Email	:	Original Tx No	:
Transaction Date(Central time)	: 07/24/2025 04:06 PM	Source	: HPS
Payment Made By Name	: MROCZKOWSK,MONIKA	Payment Mode	: Cash
Payment Reference	:		

Description	Patient	Responsible Party	Account#	Service Location ID	Reference ID	Transaction Amount
JACKSON PURCHASE MEDICAL CENTER	MROCZKOWSK,MONIKA	MROCZKOWSK,MONIKA	909267898	5387	263915288	\$500.00
	Date of Service :	Item Description : Payment	Remaining Balance: N		Remaining Balance: NA	

Payment Received	Transaction Amount	
	\$500.00	

Thank you for your payment. Unless otherwise specified, partial payments made towards an existing balance are not accepted as payment in full.

1	l agree to pay the above amount according to the card issuer agreement.	
,	Authorized Signature:	



Jackson Purchase Med Center 1099 Medical Cnt Circle Mayfield, KY 42066 270-251-4100

ESTIMATED PATIENT FINANCIAL OBLIGATION SUMMARY

ROUTINE VENIPUNCTURE - 36415

Patient Name: MONIKA

19.00

Date of Birth: 01/18/1993

Service Date: 07/24/2025

MROCZKOWSK

Account Number: 909267898

Visit ID: 6984844

Physician:

Primary Insurance: SELF PAY

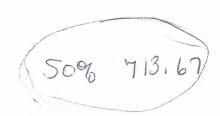
Policy Number: 91791820

Group Number: 76570070

Patient/Guarantor Signature_

Estimated Charges	Facility
Charges	\$3,568.33
Self Pay Allowable	\$1,427.33
Patient Est. Amount	\$1,427.33
Additional Prompt Pay Discount	\$285.47
Total Due Today	\$1,141.86

30% 428,20



Notes -



Jackson Purchase Med Center 1099 Medical Cnt Circle Mayfield, KY 42066 270-251-4100

Good Faith Estimate – Estimate Details

Patient Name: MONIKA

Date of Birth: 01/18/1993

Service Date: 07/24/2025

MROCZKOWSK

Patient Address: 200 WEST

FARTHING ST MAYFIELD KY - 42066

Email Address:

Phone Number: (270) 705-8558

Visit ID: 6984844

The following is a detailed list of expected charges for ROUTINE VENIPUNCTURE - 36415, scheduled for 7/24/2025.

Separate good faith estimates will be issued to an uninsured individual upon scheduling or upon request of the listed items or services and that for items or services included in this list.

Facility

Jackson Purchase Med

NPI: 1891892741

TIN: 621757927

Center

Code	Description	Units	Expected Charges	Expected Self Pay Charges
36415	ROUTINE VENIPUNCTURE (1 1 Each units)	1	\$95.25	\$38.10
85025	COMPLETE CBC W/AUTO DIFF WBC (1 1 Each units)	1	\$304.88	\$121.95
80053	COMPREHEN METABOLIC PANEL (1 1 Each units)	1	\$599.68	\$239.87
83735	ASSAY OF MAGNESIUM (1 1 Each units)	1	\$154.33	\$61.73
84443	ASSAY THYROID STIM HORMONE (1 1 Each units)	1	\$242.64	\$97.06
84436	ASSAY OF TOTAL THYROXINE (1 1 each units)	1	\$154.33	\$61.73
84480	ASSAY TRIIODOTHYRONINE (T3) (1 1 each units)	1	\$271.37	\$108.55
86376	MICROSOMAL ANTIBODY EACH (1 1 Each units)	1	\$138.33	\$55.33
86039	ANTINUCLEAR ANTIBODIES (ANA) (1 1 each units)	1	\$561.37	\$224.55
82728	ASSAY OF FERRITIN (1 1 each units)	1	\$382.06	\$152.82
83540	ASSAY OF IRON (1 1 Each units)	1	\$202.22	\$80.89
86431	RHEUMATOID FACTOR QUANT (1 1 each units)	1	\$330.97	\$132.39
86235	NUCLEAR ANTIGEN ANTIBODY (1 1 Each units)	1	\$130.90	\$52.36
		Subtotal	\$3,568.33	\$1,427.33