

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS' MEETING  
PUBLIC COMMENT SIGN-UP SHEET**

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Please complete this form and return to the Board Clerk

\*\*\*This form is a public record\*\*\*

MEETING DATE: 1/29/15

AGENDA # \_\_\_\_\_ OR NON-AGENDA SUBJECT: BLIND, DEAF, DUMB part 2

FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_

NAME: PAUL, ADOLPH, PHILLIPS

CONTACT INFORMATION (optional):

ADDRESS: 1212 SW CLAY apt #217

CITY/STATE/ZIP: PORTLAND, OREGON 97201

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**IF YOU WISH TO ADDRESS THE BOARD IN PERSON:**

1. Fill out this form and submit to the Board Clerk.
2. Non-Agenda items will be called immediately after the vote on the Consent Agenda.
3. Agenda items will be called during that item's presentation, before the vote is taken.
4. Presenters are called to testify in the order forms are received. The Presiding Officer may rearrange the order testimony is given or ask Invited Guests or Elected Officials to speak first.
5. Public testimony is limited to **3 minutes or less** per person unless otherwise directed by the Chair, who is the Presiding Officer.
6. If submitting handouts to be given to the Board, 7 copies are required. If one copy is provided, it will be received for the file and electronically shared with the Board after the meeting.
7. All meetings are audio and video recorded and can be viewed at: [multco.us](http://multco.us). Click on Government/Board Meetings, and select meeting of your choice.
8. When your name is called, come forward and be seated at the presenter's table; state your name for the record and speak clearly into the microphone.
9. A buzzer will signify the end of your allotted time.
10. The Chair has authority to keep order and may impose reasonable restrictions necessary for the efficient and orderly conduct of a meeting. Any person who fails to comply with reasonable rules of conduct or who creates a disturbance may be asked or required to leave and upon failure to do so, becomes a trespasser and will be treated accordingly.

**IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD IN LIEU OF GIVING ORAL COMMENTS:**

1. Complete this form and submit it along with your written testimony to the Board Clerk at the meeting, or by e-mail at: [lynda.grow@multco.us](mailto:lynda.grow@multco.us)
2. Written testimony will be entered into and remain a part of the official record.

American Medical Response  
P.O. Box 3429  
Modesto, CA 95353

TRIP # 441-04689140-00  
PATIENT NAME PAUL A. PHILLIPS  
DATE OF SERVICE 01/12/2015  
AMOUNT DUE \$1,078.43 DUE DATE 02/03/2015

10Z 2878861 00 00013895 00022822  
138951 AT 0.406

PAUL PHILLIPS  
1212 SW CLAY ST APT 217  
PORTLAND OR 97201-7820

4410468914000

REMIT PAYMENT TO:

AMERICAN MEDICAL RESPONSE NORT  
PO BOX 749667  
LOS ANGELES, CA 90074-9667



PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT OR PROVIDE CREDIT CARD OR INSURANCE INFORMATION ON THE REVERSE SIDE.

9115730014010784300061758400004410468914000020320155

PLEASE VISIT OUR WEBSITE TO PAY YOUR BILL ONLINE AT: [www.myAmbulancepayments.com](http://www.myAmbulancepayments.com)

PATIENT NAME	ACCOUNT NO.	TRIP NO.	INVOICE DATE
PAUL A. PHILLIPS	000617584-0000	441-04689140-00	01/19/2015
DATE OF SERVICE	SERVICE FROM	SERVICE TO	
01/12/2015	1212 SW CLAY ST	OHSU	

IMPORTANT MESSAGES

If you have insurance, please fill out the reverse side of this invoice and return with a copy of your insurance card. You may also call our Customer Service Department to provide this information. Otherwise, please make payment in full at [www.MyAmbulancePayments.com](http://www.MyAmbulancePayments.com), by contacting our Customer Service Department, or by mailing in a check with a copy of this invoice.  
\*\* Por favor llame a Servicio al Cliente al numero que aparece abajo. Gracias\*\*

CODE	DESCRIPTION	UNITS	UNITS CHARGE	TOTAL CHARGE
A0427	ALS1 EMERGENCY	1	\$1,008.92	\$1,008.92
A0425	ALS MILEAGE	3	\$23.17	\$69.51
<p>PAGE # 1</p>				

TOTAL CHARGES DUE

\$1,078.43

SEE REVERSE SIDE FOR INSURANCE INFORMATION  
OR FOR INSTRUCTIONS TO PAY YOUR BILL ONLINE.

Send billing inquiries to: AMERICAN MEDICAL RESPONSE

P.O. BOX 3429 • MODESTO, CA 95353

3-239-0389

Keep this portion for your records.

Toll Free: 1-800-228-7601

Fed. Tax ID: 930567420

## STATEMENT DETAIL



OREGON  
HEALTH & SCIENCE  
UNIVERSITY

Date	Description	Charges	Pmts/Adjs	Patient Balance
FACULTY PRACTICE VISIT NUMBER: 22214307		PROVIDER: POLLOCK, JEFFREY M		
01/12/15	COMPUTED TOMOGRAPHY LUMBAR SPINE	\$121.00		
	COMPUTED TOMOGRAPHY THORACIC SPINE	\$121.00		
	<b>Totals</b>	<b>\$242.00</b>	<b>\$0.00</b>	<b>\$242.00</b>
	<b>Balance Due</b>			<b>\$242.00</b>

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