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8 JUL 1979

MEMORANDUM FOR: Edwin A. Brubaker
Chief, Central Cover Staff

ATTENTION : William Koehler
C/COB/CCS

FROM : Dorwin M. Wilson
Acting Chief, Latin America Division

SUBJECT : Authorization to Pay Medical Bills

1. You are authorized to pay medical bills acknowledged and submitted by this Division in connection with medical services performed for, and on behalf of, the Cuban political prisoners who were former Agency assets and have recently been released by the Castro Government.

2. These funds should be drawn from the LPEQUAL account established for this purpose.

/s/ Dorwin M. Wilson

Dorwin M. Wilson

DDO/C/LA/STB/WSturbitts:esm (X9127) (2 Jul 79)

Distribution:

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ACCOUNT WITH
THOMPSON H. BOYD, M. D.
 SUITE 505
 550 BRICKELL AVENUE
 MIAMI, FLORIDA 33131

MR. REINOL GONZALEZ

| DATE | TREATMENT CODE | DESCRIPTION | CHARGES | PAYMENTS | BALANCE |
|------------------|----------------|-------------|---------|----------|---------|
| BALANCE FORWARD: | | | | | |
| MAY 30 79 | 1 | | 100.00 | | |
| MAY 30 79 | 27 | | 25.00 | | |
| MAY 30 79 | 31 | | 8.00 | | |
| MAY 30 79 | 36 | | 25.00 | | |
| MAY 30 79 | 60 | | 8.00 | | |
| MAY 30 79 | 61 | | 6.00 | | |
| MAY 30 79 | 66 | | 28.00 | | |
| MAY 30 79 | 72 | | 10.00 | | |
| MAY 30 79 | 76 | | 6.00 | | 216.00* |
| JUN 07 79 | 3 | | 20.00 | | |
| JUN 07 79 | 21 | | 7.50 | | 243.50* |

Orig. to Finance/
 cc: to CCS / both on 28 June 1979 per Bill Sturbitts, LAD.

THOMPSON H. BOYD, M. D.
 550 BRICKELL AVENUE - MIAMI, FLORIDA 33131
 EXPLANATION OF CODE ON REVERSE SIDE
 PLEASE CAREFULLY READ REVERSE SIDE

So that we may better serve you, our office phone 379-1767 is in service 24 hours a day. If for some reason there is no answer, call 649-7200. Please keep these two numbers readily available, along with your pharmacist's telephone number.

Federal Law requires a physician's authorization for refills on certain prescriptions. To prevent a delay please have all medications refilled during office hours, 9:00 A.M. to 5:00 P.M. Monday through Friday. At this time your medical records are available, so that we may properly record refills and medications prescribed.

EXPLANATION OF CODE

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|--|---------------------------------|--------------------------------|
| 1. COMP. HISTORY & PHYSICAL | 30. COX COEFFICIENT POWER | 60. SEDIMENTATION RATE |
| 2. OFFICE CALL, BRIEF | 31. COMPLETE BLOOD COUNT | 61. SEROLOGY |
| 3. OFFICE CALL, REGULAR | 32. CREATININE | 62. SGOT |
| 4. OFFICE CALL, LONG | 33. CULTURE | 63. SGPT |
| 5. INITIAL HOSP. VISIT WITH HIST. PHYS. & PREP. OF RECORDS | 34. SENSITIVITY STUDIES | 64. SICHNODOSCOPY |
| 6. INTENSIVE CARE, HOURS | 35. CYTOLOGY | 65. SMA 12 |
| 7. HOSPITAL VISIT, EMERGENCY | 36. ELECTROCARDIOGRAM | 66. SMAC |
| 8. HOSPITAL CONCOMITANT CARE | 37. EKG PLUS EXERCISE | 67. SWEAT |
| 9. CONSULTATION—COMPLETE EXAM. | 38. GLUCOSE TOLERANCE, HOURS | 68. SODIUM |
| 10. CONSULTATION—LIMITED EXAM. | 39. HEMATOCRIT & HEMOGLOBIN | 69. STOOL FOR OVA & PARA |
| 11. HOSP. DISCH. DATE & CHARGES | 40. HETEROPHILE | 70. STOOL CULTURE |
| 12. HOME VISIT | 41. IRON BINDING CAPACITY | 71. T-3 |
| 13. HOME VISIT, LABORATORY | 42. IRON, SERUM | 72. T-4 |
| 14. MEDICAL REPORT | 43. LDM | 73. TRIGLYCERIDES |
| 15. ANTINUCLEAR ANTIBODY | 44. LATEX FIXATION | 74. TSH |
| 16. AUSTRALIAN ANTIGEN | 45. LIPOPROTEIN ELECTROPHORESIS | 75. URIC ACID |
| 17. BILIRUBIN TOTAL | 46. L. Z. PREP | 76. URINALYSIS |
| 18. BILIRUBIN TOT., DIR. & IND. | 47. LIPID FRACTIONATION | 77. WBC |
| 19. BLEEDING TIME | 48. LIVER BIOPSY | 78. INJECTION |
| 20. BLOOD SUGAR | 49. LUMBAR PUNCTURE | 79. CHEMOTHERAPY INJ |
| 21. BLOOD SUGAR IP, C, GLUCOLAS | 50. PHOSPHATASE, ALKALINE | 80. CHOLERA VACCINE |
| 22. BONE MARROW & REPORT | 51. PHOSPHATASE, ACID | 81. FLU VACCINE |
| 23. BUN | 52. PHOSPHORUS | 82. TB TINE TEST |
| 24. CALCIUM | 53. PLATELET COUNT | 83. TETANUS TOROND VACCINE |
| 25. CEA | 54. POTASSIUM | 84. TYPHOID VACCINE |
| 26. CHEST X-RAY (PA) | 55. PROTEIN ELECTROPHORESIS | 85. MEDICATION |
| 27. CHEST X-RAY (PA & LAT) | 56. PROTHROMBIN CONSUMPTION | 86. PULMONARY FUNCTION STUDIES |
| 28. CHLORIDES | 57. PROTHROMBIN TIME | 87. _____ |
| 29. CHOLESTEROL | 58. PTT | 88. _____ |
| | 59. RETICULOCYTE COUNT | 89. _____ |
| | | 90. _____ |

BIOCHEMISTRY ASSOCIATES INTERNATIONAL
 MEDICARE NO. 1C-8031

PHYSICIAN SOCIAL SECURITY NUMBER 346-16-9255

MEDICARE PATIENTS — PLEASE READ

This statement (bill) is necessary for you to receive your Medicare benefits. DO NOT WRITE ON IT, DEFACE IT IN ANY MANNER, OR MISPLACE IT. It is the patient's responsibility to keep the itemized statements intact and to send them to MEDICARE, GHI., INC., along with form SSA-1490D. Part I of this form is to be completed by the patient and NOT by your physician. If you need assistance in filling out this form, please contact your local Medicare Office.

Tests other than SMA 12 and SMAC are done manually.