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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)

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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

1. COMP. HISTORY & PHYSICAL	30. COB CONSUMING 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 INST PHYS. & PREP. OF RECORDS	34. SENSITIVITY STUDIES	64. SICHONOSCOPY
6. INTENSIVE CARE, HOURS _____	35. CYTOLOGY	65. SMA 12
7. HOSPITAL VISIT, EMERGENCY	36. ELECTROCARDIOGRAM	66. SMA2
8. HOSPITAL CONCOMITANT CARE	37. EKG PLUS EXERCISE	67. SHEAR _____
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. LDH	73. TRIGLYCERIDES
15. ANTINUCLEAR ANTIBODY	44. LATEX FIXATION	74. TSH
16. AUSTRALIAN ANTIGEN	45. LIPOPROTEIN ELECTROPHORESIS	75. URIC ACID
17. BILIRUBIN TOTAL	46. L. E. 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. LUNBAR PUNCTURE	79. CHEMOTHERAPY INJ
21. BLOOD SUGAR (P. 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 TOXOID 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. _____

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 SMA2 are done manually.