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.

Dorwin M. Wilson  
Acting Chief, Latin America Division

Distribution:
Orig - Addressee  
1 - DC/LA/B4F  
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1 - C/LA/STA  
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All portions of this document are classified SECRET.
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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

30. CBC COMPLETE BLOOD COUNT
31. COMPLETE BLOOD COUNT
32. CHEST X-RAY
33. CHEMISTRY
34. CULTURE
35. DENTAL X-RAY
36. EKG ELECTROCARDIOGRAM
37. EXERCISE TOLLERANCE TEST
38. FACIAL TREATMENT
39. FINGERTIP THERAPY
40. HIP TREATMENT
41. HOSPITAL VISIT
42. HOSPITAL VISIT, EMERGENCY ROOM
43. HOSPITALIZATION
44. IMMUNIZATION
45. INTRAOCULAR PRESSURE
46. INTRAOCULAR PRESSURE TEST
47. INTRAOCULAR PRESSURE TREATMENT
48. INTRAVENOUS TREATMENT
49. INTRAVENOUS TREATMENT, EMERGENCY ROOM
50. KIDNEY THERAPY
51. KIDNEY THERAPY, EMERGENCY ROOM
52. KIDNEY THERAPY, HOSPITALIZATION
53. KIDNEY THERAPY, INTRAVENOUS TREATMENT
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BIOCHEMISTRY ASSOCIATES INTERNATIONAL

MEDICAL NO. 16-1031

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-14900. 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 SWAC are done manually.