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7381 W. 133rd Street, Suite 302, Overland Park, KS 66213 P: (913) 904-1128 F: (913) 851-5083

Patient Name: JOSEPH WILLEFORD

Account Number: 360569

Date of Refund Request: 03/02/2020

|  |  |  |
| --- | --- | --- |
| **Date(s) of Service** | **Encounter(s)** | **Amount** |
| 02/28/2020 |  | $300.00 |
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|  |  |  |
|  |  |  |
| Total: |  | $ 300.00 |

**Issue To*:***

BRENT WILLEFORD

(*Name*)

14610 FLOYD STREET

(*Address*)

(*City,State,Zip*)

OVERLAND PARK, KS 66223

Submitted By: MP

Verified By: sjg

Approved By:

**Reason for Refund**: OVERPAYMENT

Attachments:  Insurance Refund Letter

Insurance EOBs

Other: Click here to enter text.

Voucher Number:

Check #:

Check Issued By: