

FAX COVER SHEET

TO

COMPANY

FAX NUMBER 19542060014

FROM Stefanie Wyrsh

DATE 2022-02-25 07:41:42 GMT

RE GCS0374/02681

COVER MESSAGE



Fax

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To:	World Wide Seguros – att Claims	From:	S. Wyrsh
Fax:	+1 954-206-0014	Pages:	3 (incl cover)
Re:	GCS0374/02681	Date:	February 25, 2022

Comments:

Please see attached requested documents



February 24, 2022

Facility Name: Memorial Hermann Health System
Facility Reference: 0490578367500
GCS Reference: GCS0374/02681
Billed charges: USD 28'550.00
Date of Service: 20 - 24 Aug 2021

Patient ID: 685 000 981 532 // SWG70-04-01691
PatientName: VIOLETA M FONTANA VARGAS
Date of Birth: 20 July 1997

Dear Sirs/Madams,

As per your request, please find attached pending claim to be processed and paid to above provider.

If you have any questions regarding your account, please do not hesitate to contact us.

Yours sincerely,

S. Wyrsh
Senior International Accounts Manager
GlobalCreditSolutionsAG

1 MHHS SOUTHWEST HOSPITAL 7600 BEECHNUT HOUSTON TX 770744302 7133385502										2 MHHS SOUTHWEST HOSPITAL P O BOX 301208 DALLAS TX 753031208										36 PAT. CNTL # 02467008BSW 37 MED. REC # 0490578367500BSW 5 FED. TAX NO 741152597 6 STATEMENT COVERS PERIOD FROM 082021 THROUGH 082421 7 UN5										4 TYPE OF BILL 0111																					
8 PATIENT NAME a FONTANA VARGAS, VIOLETA										9 PATIENT ADDRESS b HOUSTON										c TX										d 77072		e USA																			
10 BIRTHDATE 07201997		11 SEX F		12 DATE 082021		13 HR 09		14 TYPE 1		15 SRC 1		16 DHR 15		17 STAT 01		18 09		19 39		20		21		22		23		24		25		26		27		28		29 ACCT STATE													
31 OCCURRENCE CODE 11		32 OCCURRENCE DATE 082021		33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE CODE		36 OCCURRENCE DATE		37 OCCURRENCE CODE		38 OCCURRENCE DATE		39 OCCURRENCE CODE		40 OCCURRENCE DATE		41 OCCURRENCE CODE		42 OCCURRENCE DATE		43 OCCURRENCE CODE		44 OCCURRENCE DATE		45 OCCURRENCE CODE		46 OCCURRENCE DATE		47 OCCURRENCE CODE		48 OCCURRENCE DATE		49 OCCURRENCE CODE															
38 UNITED HEALTH OPTIONS PPO PO BOX 30526 SALT LAKE CITY, UT 84130 USA										39 CODE 01		40 VALUE CODES AMOUNT 1690.00		41 CODE 80		42 VALUE CODES AMOUNT 4.00		43 CODE		44 VALUE CODES AMOUNT		45 CODE		46 VALUE CODES AMOUNT		47 CODE		48 VALUE CODES AMOUNT		49 CODE		50 VALUE CODES AMOUNT		51 CODE		52 VALUE CODES AMOUNT		53 CODE		54 VALUE CODES AMOUNT											
42 REV CD		43 DESCRIPTION										44 HCPCS RATE / HIPPS CODE										45 SERV DATE		46 SERV UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																					
0110		ROOM-BOARD/PVT										1902.00												4		7608.00																									
0250		PHARMACY																						41		257.25																									
0258		IV SOLUTIONS																						20		1000.00																									
0270		MED-SUR SUPPLIES																						4		120.00																									
0300		LABORATORY																						1		117.00																									
0301		LAB/CHEMISTRY																						12		5173.50																									
0305		LAB/HEMATOLOGY																						3		657.00																									
0306		LAB/BACT-MICRO																						1		128.25																									
0307		LAB/UROLOGY																						1		281.50																									
0402		ULTRASOUND																						1		2144.00																									
0450		EMERGENCY ROOM																						5		6356.50																									
0610		MRI																						1		4707.00																									
0001		PAGE 1 OF 1										CREATION DATE 121421										TOTALS		28550.00																											
50 PAYER NAME UN5 UNITED HEALTHCARE										51 HEALTH PLAN ID										52 Y		53 Y		54 PRIOR PAYMENTS										55 EST AMOUNT DUE										56 NP 1730132234							
57 OTHER										58										59										60										61											
50 INSURED'S NAME GUERRERO, JOSE										51 PREL 19										52 INSURED'S UNIQUE ID 685000981532										53 GROUP NAME										54 INSURANCE GROUP NO											
55 TREATMENT AUTHORIZATION CODES										56 DOCUMENT CONTROL NUMBER										57 EMPLOYER NAME																															
58 K8590 Y K5190 Y Z20822 Y K5900 Y D649 Y F1410 Y										59										60										61										62											
63 ADMIT DX K8590										64 PATIENT REASON DX										65 PFC CODE 439										66 ECI										67										68	
69 PRINCIPAL PROCEDURE CODE										70 OTHER PROCEDURE CODE										71 OTHER PROCEDURE CODE										72 OTHER PROCEDURE CODE										73 OTHER PROCEDURE CODE										74	
75 ATTENDING NPI 1215101464										76 LAST MOODLEY										77 FIRST JAYAVANI										78 LAST										79 FIRST										80	
75 OTHER NPI										76 LAST										77 FIRST										78 LAST										79 FIRST										80	
75 OTHER NPI										76 LAST										77 FIRST										78 LAST										79 FIRST										80	
80 REMARKS										81 B3282N00000X										82										83										84										85	