## **Fax**

To: CLAIMS DEPT From: TENET HEALTHCARE

Fax: 9542060014 Fax: Company: UNITED HEALTHCARE Voice:

Date: February 24, 2022

Subject:

Comments:

ATTN: CLAIMS DEPT

							SAMA	RITAN ME	ED C'	ľR			PAT. 0779	4 TYPE OF BILL	1					
1309 N FLAGLER PO BO						OX 74	1182		_	MED. C.# 0011	0131									
WEST PALM BE FL 334013406 ATLAN						NTA		A 303	5F	ED. TAX NO.		6 STATE	COVERS TH	ROUGH	<b></b> _1′					
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8 PATIENT NAME a					-	ENT ADDRESS		801	N VENET	IAN	DR APT	503								
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