

FAX

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NOTES:

Please process the following claims for payment.

Thank you

Date and time of transmission: Friday, February 25, 2022 1:17:02 PM

Number of pages including this cover sheet: 13

MCC Claim #SRN44636298 (Rodriguez Pichardo, Luz) M-ePremis PDF UB04

1 H LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DR TAMPA FL 336129416 8137458422 8134498029		2 H LEE MOFFITT CANCER CENTER P.O. BOX 406249 ATLANTA GA 30384		3 PAT. CNTL # SRN44636298 4 TYPE OF BILL 0131 5 MED. REC. # 1137616 6 FED. TAX NO. 59-3238634 7 STATEMENT COVERS PERIOD FROM 011022 THROUGH 011022	
8 PATIENT NAME a RODRIGUEZ PICHARDO, LUZ		9 PATIENT ADDRESS b CALLE PROYECTO EDIFICIO ML 7 APTO A1 LA ESMERALDA		10 ZIP CODE c 51000 11 DO DO	
12 BIRTHDATE 09221986 13 SEX F 14 DATE 3 2 15 STAT 01		16 DHR 17 18 19 20 21 22 23 24 25 26 27 28 29 30			
31 OCCURRENCE CODE 31 32 OCCURRENCE DATE 32 33 OCCURRENCE DATE 33 34 OCCURRENCE DATE 34 35 OCCURRENCE DATE 35		36 OCCURRENCE SPAN FROM 36 THROUGH 37 38 OCCURRENCE SPAN FROM 38 THROUGH 39			
36 WORLDWIDE SEGUROS 2813 EXECUTIVE PARK DRIVE SUITE 120 FORT LAUDERDALE FL 33331		39 VALUE CODES AMOUNT 39 40 VALUE CODES AMOUNT 40 41 VALUE CODES AMOUNT 41			
42 REV. CD. 0300 43 DESCRIPTION LABORATORY OR LAB		44 HCPCS / RATE / HIPPS CODE 36591		45 SERV. DATE 011022	46 SERV. UNITS 1
0301 LAB/CHEMISTRY		80053		011022	1
0305 LAB/HEMATOLOGY		85025		011022	1
0001		PAGE 001 OF 001		CREATION DATE 012522	TOTALS 1180:00
50 PAYER NAME WORLDWIDE SEGUROS		51 HEALTH PLAN ID		52 REL. INFO Y 53 PRIOR BEN. Y	54 PRIOR PAYMENTS
55 EST. AMOUNT DUE		56 NPI 1780653618		57 OTHER PRV ID	
58 INSURED'S NAME RODRIGUEZ PICHARDO,LUZ		59 P. REL. 18 60 INSURED'S UNIQUE ID SW1382010345		61 GROUP NAME	
62 INSURANCE GROUP NO. 1229732		63 TREATMENT AUTHORIZATION CODES			
64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME			
66 C187 C787		68			
69 ADMIT DX C187		70 PATIENT REASON DX C187			
71 PPS CODE		72 EQ			
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75		76 ATTENDING NPI 1174181929 QUAL FIRST CHRISTOP			
77 OPERATING NPI QUAL FIRST		78 OTHER NPI QUAL FIRST			
79 OTHER NPI QUAL FIRST		80 REMARKS WORLDWIDE SEGUROS 2813 EXECUTIVE PARK DRIVE SUITE 120 FORT LAUDERDALE FL 33331			
81 CC B3 284300000X		82			
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MCC Claim #SRN45355459 (Rodriguez Pichardo, Luz) M-ePremis PDF UB04

1 H LEE MOFFITT CANCER CENTER		2 H LEE MOFFITT CANCER CENTER		3 PAT. CNTL # SRN45355459		4 TYPE OF BILL 0131	
12902 MAGNOLIA DR		P.O. BOX 406249		5 MED. REC. # 1137616			
TAMPA FL 336129416		ATLANTA GA 30384		6 FED. TAX NO. 59-3238634		7 STATEMENT COVERS PERIOD FROM 011122 THROUGH 011122	
8137458422 8134498029							
8 PATIENT NAME a RODRIGUEZ PICHARDO, LUZ		9 PATIENT ADDRESS b SANTIAGO DE LOS CABALLEROS		c 51000		d DO	
10 BIRTHDATE 09221986		11 SEX F		12 DATE 3 2		13 DHR 01	
14 STAT 16 18 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30		15 SRC 3 2		16 DHR 01		17 STAT 16 18 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30	
31 OCCURRENCE CODE 32 OCCURRENCE DATE 33 OCCURRENCE DATE 34 OCCURRENCE DATE 35 OCCURRENCE DATE 36 OCCURRENCE DATE 37		38 OCCURRENCE DATE 39 OCCURRENCE DATE 40 OCCURRENCE DATE 41 OCCURRENCE DATE 42 OCCURRENCE DATE 43 OCCURRENCE DATE 44		45 OCCURRENCE DATE 46 OCCURRENCE DATE 47 OCCURRENCE DATE 48 OCCURRENCE DATE 49 OCCURRENCE DATE 50		51 OCCURRENCE DATE 52 OCCURRENCE DATE 53 OCCURRENCE DATE 54 OCCURRENCE DATE 55 OCCURRENCE DATE 56	
38 WORLDWIDE SEGUROS		39 2813 EXECUTIVE PARK DRIVE SUITE 120		40 FORT LAUDERDALE FL 33331		41 42 43 44 45 46 47 48 49 50	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
0258		IV SOLUTIONS		J7040		011122	
0258		N400264780010ML500		J7050		011122	
0258		N400338004938ML100		J7050		011122	
0258		N483323062374ML500		J7060		011122	
0258		N400338001703ML1000		96367		011122	
0260		IV THERAPY		96375		011122	
0260		IV THERAPY		96411		011122	
0331		CHEMOTHER/INJ		96413		011122	
0335		CHEMOTHERP-IV		96418		011122	
0335		CHEMOTHERP-IV		96417		011122	
0335		CHEMOTHERP-IV		J0461		011122	
0636		N400517040125ML1		J0640		011122	
0636		N483323063150ML35		J1453		011122	
0636		N472205008301UN1		J2469		011122	
0636		N400703409401ML5		J2997		011122	
0636		N450242004164UN1		J8540		011122	
0636		N400054418625UN2		J9190		011122	
0636		N463323011758ML90		J9206		011122	
0636		N445963061455ML15		J9263		011122	
0636		N443066001801ML30		Q5107		011122	
0636		N455513020701ML14		38593		011122	
0761		TREATMENT RM		011122		1	
0001		PAGE 001 OF 001		CREATION DATE 021722		TOTALS 22804.00	
50 PAYER NAME WORLDWIDE SEGUROS		51 HEALTH PLAN ID		52 REL INFO Y		53 PRIOR PAYMENTS Y	
54 EST. AMOUNT DUE		55 NPI 1780653618		56 OTHER		57 PRIV ID	
58 INSURED'S NAME RODRIGUEZ PICHARDO,LUZ		59 P. REL 18		60 INSURED'S UNIQUE ID SW1382010345		61 GROUP NAME	
62 INSURANCE GROUP NO. 1229732		63 TREATMENT AUTHORIZATION CODES 2201050015		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 Z5111		Z5112		C187		68	
69 ADMIT DX		70 PATIENT REASON DX Z5111		71 PPS CODE		72 EQ	
74 PRINCIPAL PROCEDURE CODE		a OTHER PROCEDURE CODE		b OTHER PROCEDURE CODE		75	
c OTHER PROCEDURE CODE		d OTHER PROCEDURE CODE		e OTHER PROCEDURE CODE		76 ATTENDING NPI 1174181929	
77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI		80 REMARKS WORLDWIDE SEGUROS	
2813 EXECUTIVE PARK DRIVE SUITE 120		2813 EXECUTIVE PARK DRIVE SUITE 120		2813 EXECUTIVE PARK DRIVE SUITE 120		2813 EXECUTIVE PARK DRIVE SUITE 120	
FORT LAUDERDALE FL 33331		FORT LAUDERDALE FL 33331		FORT LAUDERDALE FL 33331		FORT LAUDERDALE FL 33331	
81 CC a B3 284300000X		b		c		d	
UB-04 CMS-1450		APPROVED OMB NO.		NUBC National Uniform Billing Committee LIC9213257		THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.	

NUBC National Uniform
Billing Committee LIC9213257

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

MCC Claim #SRN45329050 (Rodriguez Pichardo, Luz) M-ePremis PDF UB04

1 H LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DR TAMPA FL 336129416 8137458422 8134498029		2 H LEE MOFFITT CANCER CENTER P.O. BOX 406249 ATLANTA GA 30384		3 PAT. CNTL # SRN45329050 4 TYPE OF BILL 0131 5 MED. REC. # 1137616 6 FED. TAX NO. 59-3238634 7 STATEMENT COVERS PERIOD FROM 020922 THROUGH 020922	
8 PATIENT NAME a RODRIGUEZ PICHARDO, LUZ		9 PATIENT ADDRESS b CALLE PROYECTO EDIFICIO ML 7 APTO A1 LA ESMERALDA		10 BIRTHDATE 09221986 11 SEX F 12 DATE 03 13 TYPE 2 14 SRC 01 15 DHR 01 16 STAT 16 17 18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE DO	
30 OCCURRENCE CODE 09221986 31 OCCURRENCE DATE 03 32 OCCURRENCE DATE 02 33 OCCURRENCE DATE 01 34 OCCURRENCE DATE 01 35 OCCURRENCE DATE 01 36 OCCURRENCE DATE 01 37 OCCURRENCE DATE 01		38 OCCURRENCE DATE 01 39 OCCURRENCE DATE 01 40 OCCURRENCE DATE 01 41 OCCURRENCE DATE 01 42 OCCURRENCE DATE 01 43 OCCURRENCE DATE 01 44 OCCURRENCE DATE 01		45 OCCURRENCE DATE 01 46 OCCURRENCE DATE 01 47 OCCURRENCE DATE 01 48 OCCURRENCE DATE 01 49 OCCURRENCE DATE 01 50 OCCURRENCE DATE 01	
51 WORLDWIDE SEGUROS 2813 EXECUTIVE PARK DRIVE SUITE 120 FORT LAUDERDALE FL 33331		52 VALUE CODES AMOUNT a 53 VALUE CODES AMOUNT b 54 VALUE CODES AMOUNT c 55 VALUE CODES AMOUNT d		56 VALUE CODES AMOUNT e 57 VALUE CODES AMOUNT f 58 VALUE CODES AMOUNT g 59 VALUE CODES AMOUNT h	
42 REV. CD. 0300 43 DESCRIPTION LABORATORY OR LAB		44 HCPCS / RATE / HIPPS CODE 36591		45 SERV. DATE 020922 46 SERV. UNITS 1 47 TOTAL CHARGES 224.00 48 NON-COVERED CHARGES 0	
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0301 LAB/CHEMISTRY		82948		020922 1 9.00 0	
0305 LAB/HEMATOLOGY		85025		020922 1 333.00 0	
0343 NUC MED/DX RADIOPHARM		A9552		020922 1 1156.00 0	
0404 PET SCAN		78815 PS		020922 1 7344.00 0	
0001 PAGE 001 OF 001		CREATION DATE 021622		TOTALS 9689.00	
50 PAYER NAME WORLDWIDE SEGUROS		51 HEALTH PLAN ID		52 REL. INFO Y 53 PRIOR BEN. Y 54 PRIOR PAYMENTS 0 55 EST. AMOUNT DUE 0 56 NPI 1780653618	
58 INSURED'S NAME RODRIGUEZ PICHARDO, LUZ		59 P. REL. 18 60 INSURED'S UNIQUE ID SW1382010345		61 GROUP NAME 1229732 62 INSURANCE GROUP NO.	
63 TREATMENT AUTHORIZATION CODES 2201270003		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 C187 67 C787 68 D649 69 R197 70 R059 71 R630 72 E876 73 F419 74 0		75		76	
74 PRINCIPAL PROCEDURE CODE C187 75 OTHER PROCEDURE CODE C187 76 OTHER PROCEDURE CODE C187 77 OTHER PROCEDURE CODE C187 78 OTHER PROCEDURE CODE C187 79 OTHER PROCEDURE CODE C187		80 OTHER PROCEDURE CODE C187 81 OTHER PROCEDURE CODE C187 82 OTHER PROCEDURE CODE C187 83 OTHER PROCEDURE CODE C187 84 OTHER PROCEDURE CODE C187		85 OTHER PROCEDURE CODE C187 86 OTHER PROCEDURE CODE C187 87 OTHER PROCEDURE CODE C187 88 OTHER PROCEDURE CODE C187 89 OTHER PROCEDURE CODE C187	
90 REMARKS WORLDWIDE SEGUROS 2813 EXECUTIVE PARK DRIVE SUITE 120 FORT LAUDERDALE FL 33331		91 CC B3 92 284300000X		93 94 95 96 97 98 99 100	

MCC Claim #SRN44657739 (Rodriguez Pichardo, Luz) M-ePremis PDF UB04

1 H LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DR TAMPA FL 336129416 8137458422 8134498029		2 H LEE MOFFITT CANCER CENTER P.O. BOX 406249 ATLANTA GA 30384		3 PAT. CNTL # SRN44657739 4 TYPE OF BILL 0131 5 MED. REC. # 1137616 6 FED. TAX NO. 59-3238634 7 STATEMENT COVERS PERIOD FROM 120721 THROUGH 120721	
8 PATIENT NAME a RODRIGUEZ PICHARDO, LUZ		9 PATIENT ADDRESS * CALLE PROYECTO EDIFICIO ML 7 APTO A1 LA ESMERALDA		10 ZIP CODE c 51000 11 DO DO	
12 BIRTHDATE 09221986 13 SEX F 14 DATE 3 2 15 DHR 01 16 STAT 16 16 20 21 17 CONDITION CODES 22 23 24 25 26 27 28 29 ACCT STATE 30					
31 OCCURRENCE CODE 32 OCCURRENCE DATE 33 OCCURRENCE DATE 34 OCCURRENCE DATE 35 OCCURRENCE DATE 36 OCCURRENCE DATE 37 OCCURRENCE DATE 38 OCCURRENCE DATE 39 OCCURRENCE DATE 40 OCCURRENCE DATE 41 OCCURRENCE DATE 42 OCCURRENCE DATE 43 OCCURRENCE DATE 44 OCCURRENCE DATE 45 OCCURRENCE DATE 46 OCCURRENCE DATE 47 OCCURRENCE DATE 48 OCCURRENCE DATE 49 OCCURRENCE DATE 50 OCCURRENCE DATE 51 OCCURRENCE DATE 52 OCCURRENCE DATE 53 OCCURRENCE DATE 54 OCCURRENCE DATE 55 OCCURRENCE DATE 56 OCCURRENCE DATE 57 OCCURRENCE DATE 58 OCCURRENCE DATE 59 OCCURRENCE DATE 60 OCCURRENCE DATE 61 OCCURRENCE DATE 62 OCCURRENCE DATE 63 OCCURRENCE DATE 64 OCCURRENCE DATE 65 OCCURRENCE DATE 66 OCCURRENCE DATE 67 OCCURRENCE DATE 68 OCCURRENCE DATE 69 OCCURRENCE DATE 70 OCCURRENCE DATE 71 OCCURRENCE DATE 72 OCCURRENCE DATE 73 OCCURRENCE DATE 74 OCCURRENCE DATE 75 OCCURRENCE DATE 76 OCCURRENCE DATE 77 OCCURRENCE DATE 78 OCCURRENCE DATE 79 OCCURRENCE DATE 80 OCCURRENCE DATE 81 OCCURRENCE DATE 82 OCCURRENCE DATE 83 OCCURRENCE DATE 84 OCCURRENCE DATE 85 OCCURRENCE DATE 86 OCCURRENCE DATE 87 OCCURRENCE DATE 88 OCCURRENCE DATE 89 OCCURRENCE DATE 90 OCCURRENCE DATE 91 OCCURRENCE DATE 92 OCCURRENCE DATE 93 OCCURRENCE DATE 94 OCCURRENCE DATE 95 OCCURRENCE DATE 96 OCCURRENCE DATE 97 OCCURRENCE DATE 98 OCCURRENCE DATE 99 OCCURRENCE DATE 100 OCCURRENCE DATE					
38 WORLDWIDE SEGUROS 2813 EXECUTIVE PARK DRIVE SUITE 120 FORT LAUDERDALE FL 33331		39 VALUE CODES 40 VALUE CODES 41 VALUE CODES 42 VALUE CODES 43 VALUE CODES 44 VALUE CODES 45 VALUE CODES 46 VALUE CODES 47 VALUE CODES 48 VALUE CODES 49 VALUE CODES 50 VALUE CODES 51 VALUE CODES 52 VALUE CODES 53 VALUE CODES 54 VALUE CODES 55 VALUE CODES 56 VALUE CODES 57 VALUE CODES 58 VALUE CODES 59 VALUE CODES 60 VALUE CODES 61 VALUE CODES 62 VALUE CODES 63 VALUE CODES 64 VALUE CODES 65 VALUE CODES 66 VALUE CODES 67 VALUE CODES 68 VALUE CODES 69 VALUE CODES 70 VALUE CODES 71 VALUE CODES 72 VALUE CODES 73 VALUE CODES 74 VALUE CODES 75 VALUE CODES 76 VALUE CODES 77 VALUE CODES 78 VALUE CODES 79 VALUE CODES 80 VALUE CODES 81 VALUE CODES 82 VALUE CODES 83 VALUE CODES 84 VALUE CODES 85 VALUE CODES 86 VALUE CODES 87 VALUE CODES 88 VALUE CODES 89 VALUE CODES 90 VALUE CODES 91 VALUE CODES 92 VALUE CODES 93 VALUE CODES 94 VALUE CODES 95 VALUE CODES 96 VALUE CODES 97 VALUE CODES 98 VALUE CODES 99 VALUE CODES 100 VALUE CODES			
42 REV. CD. 43 DESCRIPTION 44 HCPCS / RATE / HIPPS CODE 45 SERV. DATE 46 SERV. UNITS 47 TOTAL CHARGES 48 NON-COVERED CHARGES 49					
1 0312 PATHOL/HYSTOL 88323 120721 1 459:00		1			
2 0312 PATHOL/HYSTOL 88341 120721 4 1580:00		2			
3 0312 PATHOL/HYSTOL 88342 XE 120721 2 908:00		3			
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0001 PAGE 001 OF 001		CREATION DATE 012622 TOTALS 2947:00			
50 PAYER NAME WORLDWIDE SEGUROS 51 HEALTH PLAN ID 52 REL. INFO Y 53 PRIOR BEN. Y 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56 NPI 1780653618					
58 INSURED'S NAME RODRIGUEZ PICHARDO,LUZ 59 P. REL. 18 60 INSURED'S UNIQUE ID SW1382010345 61 GROUP NAME 62 INSURANCE GROUP NO. 1229732					
63 TREATMENT AUTHORIZATION CODES 2112090014 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME					
66 C189 67 C787 68					
69 ADMIT DX 70 PATIENT REASON DX C189 71 PPS CODE 72 EQ 73					
74 PRINCIPAL PROCEDURE CODE 75 OTHER PROCEDURE CODE 76 OTHER PROCEDURE CODE 77 OTHER PROCEDURE CODE 78 OTHER PROCEDURE CODE 79 OTHER PROCEDURE CODE 80 OTHER PROCEDURE CODE 81 OTHER PROCEDURE CODE 82 OTHER PROCEDURE CODE 83 OTHER PROCEDURE CODE 84 OTHER PROCEDURE CODE 85 OTHER PROCEDURE CODE 86 OTHER PROCEDURE CODE 87 OTHER PROCEDURE CODE 88 OTHER PROCEDURE CODE 89 OTHER PROCEDURE CODE 90 OTHER PROCEDURE CODE 91 OTHER PROCEDURE CODE 92 OTHER PROCEDURE CODE 93 OTHER PROCEDURE CODE 94 OTHER PROCEDURE CODE 95 OTHER PROCEDURE CODE 96 OTHER PROCEDURE CODE 97 OTHER PROCEDURE CODE 98 OTHER PROCEDURE CODE 99 OTHER PROCEDURE CODE 100 OTHER PROCEDURE CODE					
80 REMARKS WORLDWIDE SEGUROS 81 CC B3 284300000X 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100					
2813 EXECUTIVE PARK DRIVE SUITE 120 FORT LAUDERDALE FL 33331					

NUBC National Uniform
Billing Committee LIC9213257

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

MCC Claim #SRN43772045 (Rodriguez Pichardo, Luz) M-ePremis PDF UB04

1 H LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DR TAMPA FL 336129416 8137458422 8134498029		2 H LEE MOFFITT CANCER CENTER P.O. BOX 406249 ATLANTA GA 30384		3a PAT. CNTL # SRN43772045 3b MED. REC. # 1137616 5 FED. TAX NO. 59-3238634		4 TYPE OF BILL 0131 6 STATEMENT COVERS PERIOD FROM 121321 7 THROUGH 121321	
8 PATIENT NAME a RODRIGUEZ PICHARDO, LUZ		9 PATIENT ADDRESS b CALLE PROYECTO EDIFICIO ML 7 APTO A1 LA ESMERALDA		10 BIRTHDATE 09221986		11 SEX F	
12 DATE 03		13 TYPE 2		14 SRC 01		15 DHR	
16 STAT		17		18		19	
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MCC Claim #SRN43803431 (Rodriguez Pichardo, Luz) M-ePremis PDF UB04

1 H LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DR TAMPA FL 336129416 8137458422 8134498029		2 H LEE MOFFITT CANCER CENTER P.O. BOX 406249 ATLANTA GA 30384		3 PAT. CNTL # SRN43803431 5 MED. REC. # 1137616 6 FED. TAX NO. 59-3238634		4 TYPE OF BILL 0131 7 STATEMENT COVERS PERIOD FROM 121521 THROUGH 121521							
8 PATIENT NAME a RODRIGUEZ PICHARDO, LUZ		9 PATIENT ADDRESS b CALLE PROYECTO EDIFICIO ML 7 APTO A1 LA ESMERALDA		10 BIRTHDATE 09221986 11 SEX F 12 DATE 3 13 TYPE 2 14 SRC 01 15 DHR 01		16 STAT 16 17 18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE 51000 30 DO							
31 OCCURRENCE CODE 32 OCCURRENCE DATE 33 OCCURRENCE DATE 34 OCCURRENCE DATE 35 OCCURRENCE DATE 36 OCCURRENCE DATE 37		38 COMMERCIALWORLDWIDE SEGUROS 2813 EXECUTIVE PARK DRIVE SUITE 120 FORT LAUDERDALE FL 33331		39 CODE 40 CODE 41 CODE		42 43 44							
42 REV. CD. 43 DESCRIPTION 44 HCPCS / RATE / HIPPS CODE 45 SERV. DATE 46 SERV. UNITS 47 TOTAL CHARGES 48 NON-COVERED CHARGES 49		50 PAYER NAME 51 HEALTH PLAN ID 52 REL INFO 53 PRIOR BEN. 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56 NPI 1780653618		57 58 59 60 61 62 63 64 65 66 67 68		69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99							
50 PAYER NAME COMMERCIALWORLDWIDE SEG		51 HEALTH PLAN ID		52 REL INFO Y 53 PRIOR BEN. Y		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI 1780653618		57 58 59 60 61 62 63 64 65 66 67 68	
58 INSURED'S NAME RODRIGUEZ PICHARDO,LUZ		59 P. REL. 18 60 INSURED'S UNIQUE ID SW1382010345		61 GROUP NAME		62 INSURANCE GROUP NO. 1229732		63 64 65 66 67 68		69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99			
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME		66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99		70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99					
66 Z5111 67 C187 68 C787 69 Z79899		70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99		70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99		70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99							
69 ADMIT DX 70 PATIENT REASON DX Z5111 71 PPS CODE 72 EQ 73		74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99		76 ATTENDING NPI 1609810779 77 OPERATING NPI 78 OTHER NPI 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99		76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99							
74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99		76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99		76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99		76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99							
80 REMARKS COMMERCIALWORLDWIDE 2813 EXECUTIVE PARK DRIVE SUITE 120 FORT LAUDERDALE FL 33331		81 CC B3 82 284300000X		83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99		83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99							

MCC Claim #SRN44627451 (Rodriguez Pichardo, Luz) M-ePremis PDF UB04

1 H LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DR TAMPA FL 336129416 8137458422 8134498029		2 H LEE MOFFITT CANCER CENTER P.O. BOX 406249 ATLANTA GA 30384		3 PAT. CNTL # SRN44627451 4 TYPE OF BILL 0131 5 MED. REC. # 1137616 6 FED. TAX NO. 59-3238634 7 STATEMENT COVERS PERIOD FROM 121721 THROUGH 121721	
8 PATIENT NAME a RODRIGUEZ PICHARDO, LUZ		9 PATIENT ADDRESS b CALLE PROYECTO EDIFICIO ML 7 APTO A1 LA ESMERALDA		10 ZIP CODE c 51000 11 DO DO	
12 BIRTHDATE 09221986 13 SEX F 14 DATE 3 2 15 DHR 01 16 STAT 16 17 18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30		31 OCCURRENCE CODE 32 OCCURRENCE DATE 33 OCCURRENCE DATE 34 OCCURRENCE DATE 35 OCCURRENCE DATE 36 OCCURRENCE DATE 37			
38 WORLDWIDE SEGUROS 2813 EXECUTIVE PARK DRIVE SUITE 120 FORT LAUDERDALE FL 33331		39 VALUE CODES 40 VALUE CODES 41 VALUE CODES			
42 REV. CD. 0761 43 DESCRIPTION TREATMENT RM 44 HCPCS / RATE / HIPPS CODE 96523 45 SERV. DATE 121721 46 SERV. UNITS 1 47 TOTAL CHARGES 503.00 48 NON-COVERED CHARGES 49					
0001 PAGE 001 OF 001		CREATION DATE 012522 TOTALS 503.00			
50 PAYER NAME WORLDWIDE SEGUROS 51 HEALTH PLAN ID 52 REL INFO Y 53 PRIOR BEN. Y 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56 NPI 1780653618		57 OTHER PRV ID			
58 INSURED'S NAME RODRIGUEZ PICHARDO,LUZ 59 P. REL. 18 60 INSURED'S UNIQUE ID SW1382010345 61 GROUP NAME 62 INSURANCE GROUP NO. 1229732					
63 TREATMENT AUTHORIZATION CODES 2112140016 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME					
66 DX Z452 67 C787 68 C189 69 0 70 71 72 73					
74 ADMIT DX 75 PATIENT REASON DX Z452 76 PPS CODE 77 EQ 78					
79 PRINCIPAL PROCEDURE CODE 80 OTHER PROCEDURE CODE 81 OTHER PROCEDURE CODE 82 OTHER PROCEDURE CODE 83 OTHER PROCEDURE CODE 84 OTHER PROCEDURE CODE		85 ATTENDING NPI 1609810779 86 QUAL 87 FIRST RICHARD 88 LAST KIM 89 OPERATING NPI 90 QUAL 91 FIRST 92 LAST 93 OTHER NPI 94 QUAL 95 FIRST 96 LAST 97 OTHER NPI 98 QUAL 99 FIRST 100 LAST			
80 REMARKS WORLDWIDE SEGUROS 2813 EXECUTIVE PARK DRIVE SUITE 120 FORT LAUDERDALE FL 33331		81 CC B3 284300000X 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100			

MCC Claim #SRN44639553 (Rodriguez Pichardo, Luz) M-ePremis PDF UB04

1 H LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DR TAMPA FL 336129416 8137458422 8134498029		2 H LEE MOFFITT CANCER CENTER P.O. BOX 406249 ATLANTA GA 30384		3 PAT. CNTL # SRN44639553 5 MED. REC. # 1137616 6 FED. TAX NO. 59-3238634		4 TYPE OF BILL 0131 7 STATEMENT COVERS PERIOD FROM 122721 THROUGH 122721	
8 PATIENT NAME a RODRIGUEZ PICHARDO, LUZ		9 PATIENT ADDRESS b CALLE PROYECTO EDIFICIO ML 7 APTO A1 LA ESMERALDA		10 C 51000		11 DO	
12 BIRTHDATE 09221986		13 SEX F		14 DATE 3 2		15 DHR 01	
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20 22		21 23		22 24		23 25	
24 26		25 27		26 28		27 29	
28 30		29 31		30 32		31 33	
32 34		33 35		34 36		35 37	
36 38		37 39		38 40		39 41	
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60 62		61 63		62 64		63 65	
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84 86		85 87		86 88		87 89	
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MCC Claim #SRN43910103 (Rodriguez Pichardo, Luz) M-ePremis PDF UB04

1 H LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DR TAMPA FL 336129416 8137458422 8134498029		2 H LEE MOFFITT CANCER CENTER P.O. BOX 406249 ATLANTA GA 30384		3 PAT. CNTL # SRN43910103 4 TYPE OF BILL 0131 5 MED. REC. # 1137616 6 FED. TAX NO. 59-3238634 7 STATEMENT COVERS PERIOD FROM 122821 THROUGH 122821	
8 PATIENT NAME a RODRIGUEZ PICHARDO, LUZ		9 PATIENT ADDRESS * CALLE PROYECTO EDIFICIO ML 7 APTO A1 LA ESMERALDA		10 BIRTHDATE 09221986 11 SEX F 12 DATE 3 2 13 STAT 01 14 COND CODES 22 23 24 25 26 27 28 29 ACCT STATE 51000 30 DO DO	
38 COMMERCIALWORLDWIDE SEGUROS 2813 EXECUTIVE PARK DRIVE SUITE 120 FORT LAUDERDALE FL 33331		39 CODE a VALUE CODES b AMOUNT c 40 CODE d VALUE CODES AMOUNT 41 CODE VALUE CODES AMOUNT			
42 REV. CD. 0258 43 DESCRIPTION IV SOLUTIONS		44 HCPCS / RATE / HIPPS CODE J7050		45 SERV. DATE 122821 46 SERV. UNITS 1 47 TOTAL CHARGES 28:00 48 NON-COVERED CHARGES 15:00	
0258 N400338004938ML100		J7050		122821 1 15:00	
0258 N463323062374ML250		J7050		122821 1 26:00	
0258 N400338001703ML1000		J7060		122821 2 56:00	
0260 IV THERAPY		96368		122821 1 123:00	
0260 IV THERAPY		96375		122821 2 452:00	
0331 CHEMOTHER/INJ		96411		122821 1 611:00	
0335 CHEMOTHERP-IV		96413		122821 1 1163:00	
0335 CHEMOTHERP-IV		96416		122821 1 1035:00	
0335 CHEMOTHERP-IV		96417		122821 1 466:00	
0636 N400517040125ML1		J0461		122821 40 40:00	
0636 N463323063150ML40		J0640		122821 8 480:00	
0636 N400703409401ML5		J2469		122821 10 600:00	
0636 N400064418625UN2		J8540		122821 48 48:00	
0636 N463323011758ML90		J9190		122821 9 162:00	
0636 N445963061455ML16		J9206		122821 16 560:00	
0636 N443068001801ML31		J9283		122821 310 620:00	
0636 N455513020701ML15.2		Q5107		122821 38 15428:00	
0001 PAGE 001 OF 001		CREATION DATE 010122		TOTALS 21913:00	
50 PAYER NAME COMMERCIALWORLDWIDE SEG		51 HEALTH PLAN ID		52 REL INFO Y 53 PRIOR BEN. Y 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56 NPI 1780653618	
58 INSURED'S NAME RODRIGUEZ PICHARDO,LUZ		59 P. REL. 18 60 INSURED'S UNIQUE ID SW1382010345		61 GROUP NAME 62 INSURANCE GROUP NO. 1229732	
63 TREATMENT AUTHORIZATION CODES 2112140016		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 DX Z5111 C187 C787				68	
69 ADMIT DX 70 PATIENT REASON DX Z5111 71 PPS CODE 72 EQ 73					
74 PRINCIPAL PROCEDURE CODE 75 OTHER PROCEDURE CODE 76 ATTENDING NPI 1609810779 QUAL LAST KIM FIRST RICHARD					
77 OPERATING NPI QUAL LAST FIRST					
78 OTHER NPI QUAL LAST FIRST					
80 REMARKS COMMERCIALWORLDWIDE 81 CC B3 284300000X 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99					
2813 EXECUTIVE PARK DRIVE SUITE 120					
FORT LAUDERDALE FL 33331					

MCC Claim #SRN44624011 (Rodriguez Pichardo, Luz) M-ePremis PDF UB04

1 H LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DR TAMPA FL 336129416 8137458422 8134498029		2 H LEE MOFFITT CANCER CENTER P.O. BOX 406249 ATLANTA GA 30384		3 PAT. CNTL # SRN44624011 4 TYPE OF BILL 0131 5 MED. REC. # 1137616 6 FED. TAX NO. 59-3238634 7 STATEMENT COVERS PERIOD FROM 123021 THROUGH 123021	
8 PATIENT NAME a RODRIGUEZ PICHARDO, LUZ		9 PATIENT ADDRESS b CALLE PROYECTO EDIFICIO ML 7 APTO A1 LA ESMERALDA		10 BIRTHDATE 09221986 11 SEX F 12 DATE 3 2 13 STAT 01 14 DHR 01 15 COND CODES 22 23 24 25 26 27 28 29 ACCT STATE 30	
16 OCCURRENCE CODE 31 17 OCCURRENCE DATE 32 18 OCCURRENCE CODE 33 19 OCCURRENCE DATE 34 20 OCCURRENCE CODE 35 21 OCCURRENCE DATE 36 22 OCCURRENCE CODE 37 23 OCCURRENCE DATE 38		24 OCCURRENCE CODE 39 25 OCCURRENCE DATE 40 26 OCCURRENCE CODE 41 27 OCCURRENCE DATE 42		28 OCCURRENCE CODE 43 29 OCCURRENCE DATE 44	
39 WORLDWIDE SEGUROS 2813 EXECUTIVE PARK DRIVE SUITE 120 FORT LAUDERDALE FL 33331		40 VALUE CODES AMOUNT 41 42 VALUE CODES AMOUNT 43 43 VALUE CODES AMOUNT 44		44 VALUE CODES AMOUNT 45	
46 REV. CD. 0761 47 DESCRIPTION TREATMENT RM 48 HCPCS / RATE / HIPPS CODE 96523 49 SERV. DATE 123021 50 SERV. UNITS 1 51 TOTAL CHARGES 503.00 52 NON-COVERED CHARGES 49					
0001 PAGE 001 OF 001 CREATION DATE 012522 TOTALS 503.00					
53 PAYER NAME WORLDWIDE SEGUROS 54 HEALTH PLAN ID 55 REL. INFO Y 56 PRIOR BEN. Y 57 PRIOR PAYMENTS 58 EST. AMOUNT DUE 59 NPI 1780653618					
60 INSURED'S NAME RODRIGUEZ PICHARDO,LUZ 61 P. REL. 18 62 INSURED'S UNIQUE ID SW1382010345 63 GROUP NAME 64 INSURANCE GROUP NO. 1229732					
65 TREATMENT AUTHORIZATION CODES 2112140016 66 DOCUMENT CONTROL NUMBER 67 EMPLOYER NAME					
68 Z452 69 C787 70 C189 71 72 73					
74 ADMIT DX 75 PATIENT REASON DX Z452 76 PPS CODE 77 EQ 78					
79 PRINCIPAL PROCEDURE CODE 80 OTHER PROCEDURE CODE 81 OTHER PROCEDURE DATE 82 OTHER PROCEDURE CODE 83 OTHER PROCEDURE DATE 84 OTHER PROCEDURE CODE 85 OTHER PROCEDURE DATE					
86 REMARKS WORLDWIDE SEGUROS 87 CC B3 88 284300000X 89 2813 EXECUTIVE PARK DRIVE SUITE 120 90 FORT LAUDERDALE FL 33331					
91 92 93 94 95 96 97 98 99					