

BETHESDA HOSPITAL INC. Remittance Advice

Patient Name: Cristobal Kling

Policy Number: a39a65f1-77fa-471a-94fd-273017a13353

Claim Number: 2c011e8e-7048-455c-9821-8e2c6e5ac351

Claim Date: 2022-10-28

Provider	Service Date	Billed Amount	Deductible	Coinsurance	Amount Paid
----------	--------------	---------------	------------	-------------	-------------

Total Billed: 32046.7

Total Deductible: 13980.69

Total Coinsurance: 24939.67

Total Amount Paid: 40354.78