

# AMEDISYS HOME HEALTH Remittance Advice

**Patient Name:** Nathaniel Wafaa

**Policy Number:** 529f5d36-c7d1-425c-bac0-600b3c3e89aa

**Claim Number:** 784db274-009e-409d-9b15-cfa3cdaa7737

**Claim Date:** 2023-07-14

Provider	Service Date	Billed Amount	Deductible	Coinsurance	Amount Paid
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Total Billed: 36725.22

Total Deductible: 24445.51

Total Coinsurance: 38182.08

Total Amount Paid: 39207.18