

TERRACE HEALTH & REHABILITATION CENTER Remittance Advice

Patient Name: Carie Nikolaus
Policy Number: 8db1b7b1-eb0b-4429-8af4-245d014594df
Claim Number: 990574c3-2834-4aa1-96a8-10bf537ea3ee
Claim Date: 2021-08-06

Provider	Service Date	Billed Amount	Deductible	Coinsurance	Amount Paid
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Total Billed: 11068.01
Total Deductible: 10735.91
Total Coinsurance: 16113.45
Total Amount Paid: 17321.7

