

# MORTON PLANT NORTH BAY HOSPITAL Remittance Advice

**Patient Name:** Carrol Cummerata

**Policy Number:** 09cd9856-be69-4ee1-9bef-be9be7c1391b

**Claim Number:** 7c127865-e922-470c-923f-84c47eb806aa

**Claim Date:** 2023-02-24

Service Date	Provider	Description	Billed Amount	Allowed Amount	Co-Pay	Insurance Paid	Patient Owes
2022-08-09		Fracture care	\$3,422.25			\$2,595.37	\$163.37
2020-03-18		Respiratory therapy	\$3,028.53			\$912.98	\$236.11
2022-03-03		Infectious disease care plan (record artifact)	\$3,165.68			\$1,778.88	\$18.92
2023-07-25		Care plan (record artifact)	\$4,434.47			\$4,108.05	\$394.14

Total Billed: 31784.38

Total Deductible: 25950.97

Total Coinsurance: 8068.73

Total Amount Paid: 11018.19