

# NHC HOMECARE Remittance Advice

**Patient Name:** Jerry Suhair

**Policy Number:** a5517a34-36c4-4cca-b877-9776255c8242

**Claim Number:** 0633d946-6181-45ae-a9ac-1bb4181127b5

**Claim Date:** 2020-08-02

Provider	Service Date	Billed Amount	Deductible	Coinsurance	Amount Paid
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Total Billed: 16324.29

Total Deductible: 18666.31

Total Coinsurance: 4701.95

Total Amount Paid: 9463.99