20900 BISCAYNE BLVD, AVENTURA, FL 331801407

PAGE #: 9

DATE: 2023-10-04

CHECK/EFT#: 1208649

STATEMENT #: 3036485

PERF PROV SERV DATE POS NOS PROC MODS BILLED ALLOWED DEDUCT COINS GRP/RC-AMT PROV PD

NAME Legros, Frieda MID 714041108D CG92 B368 ACNT 931593897 ICN 20VVJL000 ASG CUG N

MB1K23477GT6H0

AVENTURA HOSPITAL AND MEDICAL CENTER 2021-11-23 8571.25 2178.7 9093.6 450.48 9469.64 3536.12 4908.19

AVENTURA HOSPITAL AND MEDICAL CENTER 2022-03-11 9141.76 2572.79 4620.16 983.17 3768.81 4706.08

AVENTURA HOSPITAL AND MEDICAL CENTER 2020-04-18 2432.83 8122.57 2267.82 6065.03 2320.1 2817.63 632.24

AVENTURA HOSPITAL AND MEDICAL CENTER 2020-07-26 3019.83 7889.98 5534.0 3126.59 6224.55 8527.91

AVENTURA HOSPITAL AND MEDICAL CENTER 2023-03-29 4743.99 9948.96 5282.77 1474.86 8057.67 1595.88

AVENTURA HOSPITAL AND MEDICAL CENTER 2022-06-29 214.03 7774.59 5257.36 8656.65 8790.7 383.8 7991.91

AVENTURA HOSPITAL AND MEDICAL CENTER 2021-06-25 487.04 7931.63 4230.04 9218.09 7992.07 2776.87

AVENTURA HOSPITAL AND MEDICAL CENTER 2022-09-10 7037.07 6641.33 8105.09 6963.46 5630.51 9970.0

PTRESP 9058.72 CLAIM TOTAL 9068.03

ADJ TO TOTALS: 104.28 INTEREST 3337.07 LATE FILING CHARGE 7876.44

TOTALS: # OF CLAIMS BILLED AMT DEDUCTAMT COINS AMT TOTAL RC-AMT

8 36938.33 34314.29 43561.62

PROVIDER ADJ DETAILS: ROQ REASON CODE BSD CCN

7088308

GLOSSARY: