

TUMMINIA INTERNAL MEDICINE PA Remittance Advice

Patient Name: Roman Nadine

Policy Number: 2c1612bc-91c2-426c-8713-3e78d6519423

Claim Number: 1cacdf0d-adeb-49f0-afde-cca7c7a8c0b0

Claim Date: 2023-07-25

Service Date	Provider	Description	Billed Amount	Allowed Amount	Co-Pay	Insurance Paid	Patient Owes
2022-05-28		Hyperlipidemia clinical management plan	\$4,680.07			\$723.50	\$196.31
2022-08-31		Respiratory therapy	\$4,563.93			\$2,601.36	\$327.22
2020-06-02		Physiotherapy care plan (record artifact)	\$2,229.85			\$397.47	\$255.87

Total Billed: 1240.07

Total Deductible: 4151.98

Total Coinsurance: 5441.03

Total Amount Paid: 5743.43