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MICHAEL EDWARDS
6841 STONEY RIDGE RD
NORTH RIDGEVILL OH 44039

Provider:	Patient ID:	Claim#: 000001717
Patient: MICHAEL EDWARDS	Member ID: 00 MICHAEL EDWARDS	Check#:

Procedure	Date of Service	Billed Amount	Not Covered/ Co-Pay	Covered Charges	Provider Adjustment	Deductible	Code	Pay %	Paid Amount
DEDUCTIBLE CREDIT-MRA/F	1/01/2025	550.00	.00	550.00	.00	550.00			.00

Amount Paid to Provider	.00
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2025 DEDUCTIBLE CREDIT APPLIED