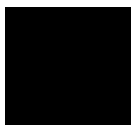


Named Insured:
Injured Party:
Claim Number:
Date Of Loss:
Date Summary
Generated:



Coverage	Policy Limit	Total Paid	Deductible (if applicable):	Offsets	Remaining
PIP	\$10,000.00	\$10,000.00	\$0.00	\$0.00	\$0.00

Bill #	Service Provider	Date Received	Expense Type	Service/ Absence Dates From	Service/ Absence Dates To	Total Amount Approved	Total Amount Paid	Amount Applied To Deductible	PIP Payment Amount	Medical Payment Amount	CoPay Payment Amount	Interest Penalties Fees	Payee	Date Paid	Inv
62435563	TALLAHASSEE MEMORIA...	08-09-21	MEDICAL	07-29-21	07-29-21	\$6,250.00	\$5,021.54		\$5,000.00		\$1,250.00	\$21.54	TALLAHASSEE MEMORIAL...	09-10-21	871
62662718	TMH EMERGENCY PHYSI...	08-22-21	MEDICAL	07-29-21	07-29-21	\$1,157.00	\$925.60		\$925.60		\$231.40		TMH EMERGENCY PHYSIC...	09-14-21	871
62435563	TALLAHASSEE MEMORIA...	08-09-21	MEDICAL	07-29-21	07-29-21	\$5,093.00	\$4,074.40		\$4,074.40		\$1,018.60		TALLAHASSEE MEMORIAL...	09-14-21	871
62639224	EYE ASSOCIATES OF T...	08-27-21	MEDICAL	08-11-21	08-11-21	\$0.00	\$0.00								871
62617967	GADSDEN EMERGENCY M...	08-23-21	MEDICAL	07-29-21	07-29-21	\$0.00	\$0.00								871
62512943	TALLAHASSEE PRIMARY...	08-16-21	MEDICAL	08-09-21	08-09-21	\$0.00	\$0.00								871