

Online Claim Submission

Code: IY3
Employer: City of Moraine
EmpID: 292480681
EmpName: Bryant, Kendra
Submitted: January 17, 2023
Batch: 29910554
Claim Total: \$44.79
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	12/6/2022	RX	\$44.79	Provider: Medtronic. For whom: Herb Bryant. Diabetic supplies

Medtronic

Thank you for choosing Medtronic
for your healthcare needs.

Account Number:

177533

Statement Date:

12/06/22

Responsible Party:

HERBERT BRYANT JR

Due Date:

12/27/22

YOUR STATEMENT

> Your Account Summary

Patient Name	HERBERT BRYANT JR
Account Number	177533
Total Charges	\$837.89
Total Insurance Payments	-\$403.13
Total Adjustments	-\$389.97
Total Patient Payments	\$0.00
Current Account Balance	\$44.79

Your Amount Due	\$44.79
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> Your Account Status

Thank you for choosing Medtronic as your medical provider. We look forward to servicing your medical needs.

> Your Payment Options



To pay online, visit the link or paste it on your browser and follow the instructions.
<https://www.diabetes.shop/billpay>



To pay by phone, call 1.800.646.4633, and select Billing and Payments. This feature is available 24 hours a day 7 days a week.



Contact Patient Financial Services at 1.800.646.4633, and select Billing and Payments. We are available to assist Monday-Friday, 8:00am to 6:00pm central time.

Messages

Thank You

We recognize that you have a choice of diabetes management options available to you. We are glad that you continue to believe in the value that insulin pump therapy provides you to live your life and are honored that our products and services meet your needs.

Our 30 years of experience and investment towards improvements in diabetes management could not have happened without our customers.

Thank you for allowing us to be your diabetes management partner!



Questions about your statement?

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turn over for detailed summary

Medtronic

13019 COLLECTION CENTER DR
CHICAGO IL 60693-0130

RETURN SERVICE REQUESTED

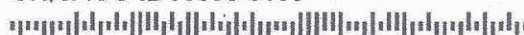
☐ Please check if updating address or insurance information on reverse side.



HERBERT BRYANT JR
3460 NAPANEE DR
BEAVERCREEK OH 45430-1318

IF PAYMENT BY MASTERCARD, VISA, DISCOVER OR AMEX, FILL OUT BELOW		
<input type="checkbox"/> MASTERCARD <input checked="" type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX	CARD NUMBER 4147 0993 1451 1377	SIGNATURE CODE 076
SIGNATURE Kendra Bryant	EXP DATE 04/27	
STATEMENT DATE 12/06/22	AMOUNT DUE \$44.79	ACCOUNT NUMBER 177533
DUE DATE 12/27/22	AMOUNT PAID \$ 44.79	

MINIMED DISTRIBUTION CORP.
13019 COLLECTION CENTER DR
CHICAGO IL 60693-0130



00001775331206202200044794

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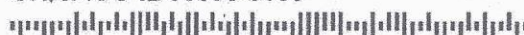
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