## Online Claim Submission

Code: MIP

Employer: Mithun, Inc.

EmpID: 619247923

EmpName: Rummelhoff, Ann

Submitted: February 10, 2023

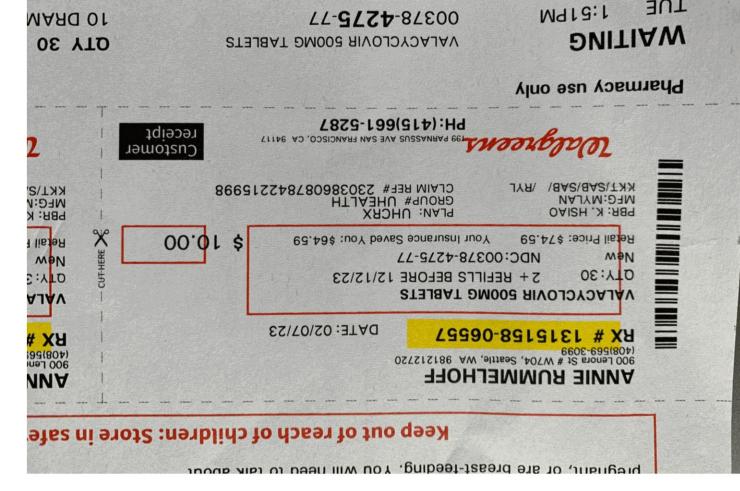
Batch: 30281182

Claim Total: \$35.00

Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	2/8/2023	GENERAL	\$25.00	Provider: Dr. Anne Han, MD. For whom: Ann
				Rummelhoff. Co-Pay for Appointment
2	2/7/2023	RX	\$10.00	Provider: Dr. Hasio. For whom: Ann
				Rummelhoff. Prescription Drugs

Feb 8	Established Patient Return at Sutter Dermatology San Francisco Physician Services Provider: Anne Han, MD	Billed Insurance Covered You Paid	\$364.00 \$0.00 -\$25.00
2023	Patient: Ann Rummelhoff Primary Payer: United Healthcare	Pending Insurance ① Your Balance	\$339.00
	Detailed Account Information		
	Ov Est Pt Lev 4 - 99214 (CPT®)	\$364.00	
		-\$25.00	
	Pmt Co-Payment PB - Feb 8, 2023	-\$25.00	
	Pmt Co-Payment PB - Feb 8, 2023 Pending Insurance	-\$25.00 \$339.00	



**FAST RACK** 

MON

TUE