Online Claim Submission

Code: SIR

Employer: Seattle Institute for Biomedical and C

EmpID: 008681360

EmpName: Fleumer, Danielle

Submitted: January 23, 2023

Batch: 29990548

Claim Total: \$105.00

Attachments: 2

Line	Service Date(s)	Туре	Cost	Notes
1	12/16/2022	GENERAL	\$75.00	Provider: Swedish (Cedar). For whom: Albert
				Fleumer.
2	1/4/2023	RX	\$30.00	Provider: Safeway. For whom: Albert Fleumer.



ACCOUNT ENDING - 61002

CARD MEMBER

Delta SkyMiles® Gold Card

DANIELLE FLEUMER

DATE		DESCRIPTION		AMOUN
Jan 23	CEDAR CARES	CEDAR CARES		\$75.0
Pending	32 AVE OF THE AMERICAS FLR 18	Will appear on your Jan 23, 2023 statement as CEDAR CARES		
	NEW YORK	METHOD	CARD	
	NY 10013	Card used online	DANIELLE FLEUMER	
	(877) 246-1579	REWARDS		
	http://CEDAR.COM	You'll be able to see Rewards information for an eligible		
	mp.// 025/ 11.100 M	charge within 5 days of	the charge posting to your account.	
		Please check back later	CORRECT TO THE CONTRACT OF THE	



SWEDISH HOSPITAL BILLING 747 BROADWAY SEATTLE, WA 98122

Albert Fleumer 2581 Ne Park Dr Issaquah, WA 98029

Your total is \$75.00

You have one bill that is ready to pay. The total amount is due by Feb 20, 2023.

Patient: Albert Marcel Fleumer

This is who received the services for this bill.

Account number: 12045883

Account Number is also the Guarantor ID.

Invoice printed: Jan 23, 2023



(\$) We offer financial assistance for those experiencing hardship. Learn more at https:// www.swedish.org/patient-visitor-info/ billing/financial-assistance

Pay over time with no interest Start a payment plan by visiting pay.swedish.org or call us to discuss flexible

payment options at (877) 406-0438

SEE BACK FOR DETAILS →

Total billed Insurance adjusted	\$1,965.52 -\$1,336.82
Insurance paid	-\$553.70
REGENCE	
Total due	\$75.00

DETACH AREA BELOW AND SEND WITH PAYMENT

Ways to Pay



Pay Online

Go online to learn about different payment options, view upto-date details about your bill and easily pay in a matter of seconds. Scan the QR code with your phone or type in URL.

pay.swedish.org



Mail

To pay by phone, call toll-free 24/7: (877) 406-0438

Mail check or money order with this part of the bill to the address on the reverse side. Do not send cash.

Need Help?



Call our team toll-free (Mon to Fri 8AM to 4:30PM PST) (877) 406-0438



Your visit to Swedish Medical Center-Issaquah

Date of service: Dec 16, 2022 | ID: 225000951213_HB_31

Due date: Feb 20, 2023

Dates of service	Service	Qty	Total billed
Dec 16, 2022	Emergency Department Visit Moderate Severity	1	\$1,232.00
	Emergency Department Visit Moderate Severity		
	Revenue code: 0450 CPT/HCPCS code: 99283		
	Pharmacy - General Classification	1	\$354.52
	Revenue code: 0250		
	HC BLOOD CULTURE FOR BACTERIA	1	\$226.00
	Hc Blood Culture For Bacteria		
	Revenue code: 0300 CPT/HCPCS code: 87040		
	Complete Cbc & Auto Diff Wbc	1	\$85.00
	Complete Cbc & Auto Diff Wbc		
	Revenue code: 0305 CPT/HCPCS code: 85025		

Continued on next page



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Pay by check or money order

Use the enclosed return envelope and send this slip to the address provided.

Account Holder: Albert Marcel Fleumer

Account Number: 12045883

Bill Amount: \$75.00 Payment Amount: \$_

Has your address or insurance changed? Give us a

call at to update your information.



MAKE CHECK PAYABLE TO:

Swedish Hospital Billing

MAIL TO:

Mailstop 37268915 PO Box 660354 Dallas, TX 75266-0354

Providence



Your visit to Swedish Medical Center-Issaquah

The benefit amount your insurance has paid based on your plan.

Date of service: Dec 16, 2022 | ID: 225000951213_HB_31

Tour visit to swedish medical center issaquan	Due date: Feb 20, 2023
(cont'd)	240 4410.1 65 20, 2025

Dates of service	Service	Qty	Total billed
Dec 16, 2022	Basic Metabolic Panel Calcium Ionized HC METABOLIC PANEL IONIZED CA Revenue code: 0301 CPT/HCPCS code: 80047	1	\$68.00
		Subtotal billed	\$1,965.52
		Insurance adjusted	- \$1,336.82
		Insurance paid	- \$553.70
		Amount due (subtotal)	\$75.00

Your bill summary **SWEDISH Total billed** \$1,965.52 Insurance adjusted -\$1,336.82 The discounted amount applied by your insurance. Insurance paid -\$553.70

Total due \$75.00

☐ View more bill details online

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