

From Priyanka To AmTrust North America

Telephone Clearinghouse Jopari

Fax ----- Payer ID 16535

Email Admin@gmail.com

Original Bill Medical Treatment

Patient Name Chris Milana Billing Provider WorkMed California, APC

Claim Number 32145689-1 DOS 11-01-2023

Patient Control No Charge Amount 1055.3

Rendering Provider Kevin Calhoun

Payment Compliance Dates e-Bill Transmission