

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 09-14-2021

Patient Control No Charge Amount 224.78

Rendering Provider Robinson Langille

Payment Compliance Dates e-Bill Transmission