

SCL HEALTH LUTHERAN
PO BOX 223862

Patient Name: NOEL ALVARADOTORRES

Account Number: EX273754748
Amount Due: 0.00

Statement Date: 07-24-24

NOEL ALVARADOTORRES
5030 BROADWAY ST
DENVER, CO 80216

DATE	DOCTOR	CODE	DESCRIPTION	AMOUNT
04-15-24	WILLIAM DUNFEE MD	73564	KNEE 4 OR MORE VIEWS	46.38
04-15-24	ANDREW J FISHER MD	72170	PELVIS, 1 OR 2 VIEWS	36.15
04-15-24	ANDREW J FISHER MD	71045	CHEST XRAY 1 VIEW	37.61
04-15-24	CAMERON BAHR MD	70486	CT MAXILLOFACIAL	173.64
04-15-24	CAMERON BAHR MD	G9637	DOSE REDUCTION TECH	0.00
04-15-24	CAMERON BAHR MD	72125	CT CERVICAL SPINE	203.88
04-15-24	CAMERON BAHR MD	G9637	DOSE REDUCTION TECH	0.00
04-15-24	CAMERON BAHR MD	70450	CT BRAIN	172.14
04-15-24	CAMERON BAHR MD	G9637	DOSE REDUCTION TECH	0.00
07-08-24		3106	UNITED GROUP MCARE A	-10.94
ACH-C3363115				
07-08-24		9300	COMMERCIAL INS W/O	-35.44
07-08-24		3106	UNITED GROUP MCARE A	-16.53
ACH-C3363115				
07-08-24		9300	COMMERCIAL INS W/O	-57.23
07-08-24		3106	UNITED GROUP MCARE A	-121.34
ACH-C3363115				
07-08-24		9300	COMMERCIAL INS W/O	-428.32

MAKE CHECKS PAYABLE TO:

RADIOLOGY IMAGING ASSOCIATES
1-833-699-0099

Tax Id 84-0597929 Phone#

Place of Service: SCL HEALTH LUTHERAN
Referring Doctor: DANIEL CARL WINDELS

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