

FAX

To: 24-5536924

Company:

Fax: 3038655666

Phone:

From: Progressive Insurance

Fax:

Phone:

E-mail:

NOTES:

Date and time of transmission: Thursday, August 8, 2024 3:37:50 PM
Number of pages including this cover sheet: 04

PROGRESSIVE CLAIMS
P.O. BOX 2930
CLINTON, IA 52733-9934



Ramos Law
Manuel Cortez
10190 BANNOCK ST
SUITE 200
NORTHGLENN, CO 80260

Underwritten by:
Progressive Preferred Insurance Company
Claim Number: 24-5536924
Loss Date: April 15, 2024
Loss State: CO

Claim Information

August 8, 2024

Dear Manuel Cortez,

This letter is to advise you that medical benefits for NOEL ALVARADO TORRES in the amount of \$5,000 have been exhausted, and no further payments can be processed. A copy of the payment log has been attached for your convenience.

If you have any questions, please call me at the number below.

Thank you.

To help ensure accurate and complete records, we'll keep copies of all correspondence in the file for your claim. If you email us, we may reply by either email or phone.

If you have any questions, please contact me.

Michael Harris
Claims Department

Visit claims.progressive.com
Track the status and details of your claim,
e-mail your representative or report a new
claim.

Contact us
1-440-932-5637
1-800-PROGRESSIVE (1-800-776-4737)
Fax: 1-877-213-7258

Underwritten by: Progressive Preferred Insurance Company

Claim Number: 24-5536924

Loss Date: April 15, 2024

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Visit claims.progressive.com

Track the status and details of your claim, e-mail your representative or report a new claim.

Contact us

1-440-932-5637

1-800-PROGRESSIVE (1-800-776-4737)

Fax: 1-877-213-7258

Medical Payments Details

Named Insured: Noel Alvarado Torres
Injured Party: Noel Alvarado Torres
Claim Number: 24-5536924
Date Of Loss: 04-15-24
Total Billed: \$12,699.01
Total Paid: \$5,000.00

Provider	Exposure	Service Dates	Amount Billed	Amount To Be Paid	Service Type	Date Received	Lien	Invoice Number	Payment Status
LUTHERAN MEDICAL CENTER									
	MEDPAY	04-15-24 / 04-15-24	\$12,699.01	\$5,000.00		07-24-24		130529297	07-30-24