



5/1/2024

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Sky Ridge Medical Center
PO Box 291569
NASHVILLE, TN 372291569



000304 SSC08648 4637254 L1136 534689785
TAMERA ANDERSON
C/O Ramos Law
10190 Bannock St Ste 200
Northglenn, CO 80260-6083



Account Number:	1512407063
Patient Name:	TAMARA ANDERSON
Date of Service:	2/5/2024-2/5/2024

Dear TAMERA ANDERSON:

The following is the account status per your request.

Due from Insurance:	\$0.00
Payment from Insurance:	\$1,638.17
Discount Amount:	\$-7,271.83
Patient Payments:	\$500.00
Account Balance:	\$0.00

If you have any questions or need additional assistance regarding your account, please call our office at the number shown below.

Sincerely,
Customer Service
Phone: 866-551-6004
Fax: 804-381-4508
Hours: 8:30AM-7:00PM

PO Box 291569
NASHVILLE, TN 372291569