October 16, 2023

Platte Valley Ambulance Service

P.O. Box 90

Danville, PA 178210090

**RE: Medical Bills for Theodore James Angel**

**Date of Birth:** **September 15, 1975**

**Injury Date: February 23, 2023**

Billing Representative:

I am writing in regard to the medical bills owed by Theodore James Angel *to* Platte Valley Ambulance Service *for the medical care incurred as a result of the February 23, 2023 incident.*

Please indicate the balance amount in dollars for dates of service 02/23/2023 to present and sign this letter below. Please return fax back to our office at 303-865-5666 confirming the current balance related to this incident.

Original Balance $\_\_\_\_\_\_\_\_\_\_

Medpay/PIP Payments $\_\_\_\_\_\_\_\_\_\_ Company\_\_\_\_\_\_\_\_\_\_

Primary Health Plan Payments $\_\_\_\_\_\_\_\_\_\_ Company\_\_\_\_\_\_\_\_\_\_

Adjustments/Write-Offs $\_\_\_\_\_\_\_\_\_\_

Secondary Health Plan Payments $\_\_\_\_\_\_\_\_\_\_ Company\_\_\_\_\_\_\_\_\_\_

Adjustments/Write-Offs $\_\_\_\_\_\_\_\_\_\_

Patient Payments $\_\_\_\_\_\_\_\_\_\_

Final Balance $\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_

Collections: \_\_\_\_\_\_\_\_\_\_\_\_\_ Company\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment to be mailed to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you once again for assisting.

Sincerely,

RAMOS LAW

Michel Estrada

/me