



TO: Medical Review
Company: Kelly Rizor
Fax Number: 918553298191
Voice Number:
DATE: November 25, 2020
SUBJECT: Reconsideration

FROM: Corinna Gardocky
Fax Number: 7246564235
Voice Number: 7246589001 e 5227
Email Address: gardockyca@upmc.edu
Address Line 1:
Address Line 2: 1211 Wilmington Avenue
Address Line 3: New Castle, PA 16105
of Pages: 8

Memo:¹

Good morning Kelly,

Please review the attached itemized for pt with ID#XJRH27349166, claim#21740462937, \$204454.35. Thank you.

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UPMC HAMOT
 PATIENT STATEMENT OF ACCOUNT - DETAIL
 INPATIENT VISIT

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PATIENT NAME: STEWART, BETSY A

ACCOUNT NBR: 088824776-0149

BILLING PERIOD: 06/17/20 11/25/20

BILL TO
 BETSY A STEWART
 4433 TUCKER SQUARE
 NEW PORT RICHEY FL 34652
 UNITED STATES

SRV DATE	RV	CD	REF	NBR	DESCRIPTION	
06/17/20	0120		53550025		CONTINUOUS CARE UNIT	6650.00
06/17/20	0310		20400260		SLIDE BLANK (W/O) NC	0.00
06/17/20	0310		20402567		OR CONSULT FROZ SEC SGL SP	806.00
06/17/20	0310		20400113		LEVEL 5 GROSS & MICRO EXAM	406.00
06/17/20	0310		20400105		NORMAL TISSUE BLOCK & INIT	0.00
06/17/20	0310		20400260		SLIDE BLANK (W/O) NC	0.00
06/17/20	0310		20400260		SLIDE BLANK (W/O) NC	0.00
06/17/20	0351		67011002		CT HEAD W WO CONTRAST	4043.00
06/17/20	0636		67016915		LOCM 350- 399 MG/ML PER 1 (QTY OF 0000075)	3262.50
06/17/20	0351		67011000		CT HEAD WO CONTRAST	3513.00
06/17/20	0360		34300603		PRE OP NO CHARGE	0.00
06/17/20	0922		27814514		SEP UPPER AND LOWER	833.00
06/17/20	0740		27811037		NEUROPHYS MONIT IN OR P/15 (QTY OF 0000013)	3016.00
06/17/20	0710		34301000		RECOVERY ROOM INITIAL HOUR	3616.00
06/17/20	0710		34302000		RECOVERY ROOM EACH ADDT HO	2711.00
06/17/20	0710		34300120		PACU HOLDING P/HR - NO CHA	0.00
06/17/20	0370		20602000		ANESTHESIA CHARGES P/15MIN (QTY OF 0000024)	5016.00
06/17/20	0360		29847648		CRANIOTOMY TUMOR/ANEURYSM	4977.00
06/17/20	0360		29847605		MINOR PLASTIC	1357.00
06/17/20	0360		29877819		NAVIGATIONAL SYS ORTHOPEDI	2499.00
06/17/20	0272		29875321		BATTERY PACK STERILE SYNTH	852.00
06/17/20	0272		29864002		DBD-HMT CRANIOTOMY CDS MED	0.00
06/17/20	0272		29882970		BUR DISECT LGND 5MMX14CM M	506.00
06/17/20	0272		29888917		BATTERY DRIVER MATRIXPRO S	582.00
06/17/20	0278		29882515		SCREW BNE CRAN SIF DRI SYN (QTY OF 0000021)	4032.00
06/17/20	0360		29847600		OR TIME P/MIN	39556.00
06/17/20	0250		33514099		IOHEXOL 6000MG/1000ML ORAL	1101.00
06/17/20	0259		33503938		OLANZAPINE 2.5 MG TAB (QTY OF 0000002)	308.00
06/17/20	0250		33504363		ACETAMINOPHEN 325MG TAB (QTY OF 0000002)	2.60
06/17/20	0250		33500540		BACITRACIN OINT 30GM TOP	1.00
06/17/20	0636		33514959		HYDROMORPHONE 0.5MG ISECUR	9.50
06/17/20	0250		33503225		MINERAL OIL 10 ML LIQ (QTY OF 0000002)	8.40
06/17/20	0636		33511774		REMIFENTANIL 5MG VIAL	473.00
06/17/20	0636		33501916		SOD CHLORIDE 0.9% 100ML IN	102.00
06/18/20	0120		53550025		CONTINUOUS CARE UNIT	6650.00
06/17/20	0310		20400113		LEVEL 5 GROSS & MICRO EXAM	406.00
06/17/20	0310		20400105		NORMAL TISSUE BLOCK & INIT	0.00
06/17/20	0310		20400105		NORMAL TISSUE BLOCK & INIT	0.00
06/17/20	0310		20400105		NORMAL TISSUE BLOCK & INIT	0.00
06/17/20	0310		20400105		NORMAL TISSUE BLOCK & INIT	0.00
06/17/20	0310		20400105		NORMAL TISSUE BLOCK & INIT	0.00

UPMC HAMOT
PATIENT STATEMENT OF ACCOUNT - DETAIL
INPATIENT VISITPAGE 2
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PATIENT NAME: STEWART, BETSY A

ACCOUNT NBR: 088824776-0149

SRV DATE	RV	CD	REF	NBR	DESCRIPTION	
06/18/20	0636		67016914		LOCM 300 - 349 MG/ML PER 1 (QTY OF 0000100)	4350.00
06/18/20	0352		67013013		CT ABD & PIVS W CONTRAST	7802.00
06/18/20	0352		67012001		CT THORAX W CON	3688.00
06/18/20	0430		29604417		OT EVAL MOD COMPLEX	346.00
06/18/20	0440		36250081		INPATIENT VISIT - STAT	0.00
06/18/20	0430		29609997		OT VISIT NC	0.00
06/18/20	0420		34402827		PT EVAL MOD COMPLEX	342.00
06/18/20	0420		34409999		PT VISIT NC	0.00
06/18/20	0420		34479010		PT SCREEN PT EVAL	0.00
06/18/20	0440		36254054		EVAL SP SND PROD W/CMP EXP	571.00
06/17/20	0278		29872310		IMPLANT SPINE VAR	10012.00
06/17/20	0278		29871656		GRAFT DURA DUREPAIR 3IN X3 (QTY OF 0000002)	2510.00
06/18/20	0636		33502309		HEPARIN SODIUM 5000 UNITS/	64.00
06/18/20	0250		33501222		DOCUSATE SODIUM 100MG CAP	6.25
06/18/20	0259		33503938		OLANZAPINE 2.5 MG TAB (QTY OF 0000002)	308.00
06/18/20	0250		33510696		NORCO 5/325MG TABLET	26.50
06/18/20	0250		33510696		NORCO 5/325MG TABLET	26.50
06/18/20	0636		33512187		HUMALOG(LISPRO)100UNITS/ML	102.00
06/18/20	0250		33504139		LEVOTHYROXINE SOD 0.025MG	15.50
06/18/20	0250		33510696		NORCO 5/325MG TABLET	26.50
06/18/20	0636		33502309		HEPARIN SODIUM 5000 UNITS/	64.00
06/17/20	0250		33510696		NORCO 5/325MG TABLET	26.50
06/18/20	0636		33508225		CEFAZOLIN 1GM/DEXTROSE 5%	78.25
06/18/20	0636		33508225		CEFAZOLIN 1GM/DEXTROSE 5%	78.25
06/18/20	0250		33501534		BUPROPRION SR 150MG TAB (QTY OF 0000002)	53.00
06/18/20	0250		33501571		DIVALPROEX SODIUM 250MG DR (QTY OF 0000002)	56.50
06/18/20	0250		33508944		DULOXETINE 30MG CAPSULE	72.00
06/17/20	0390		20800029		BLOOD BANK NO SERVICE	0.00
06/17/20	0302		20808038		RH TYPING	119.00
06/17/20	0302		20808418		ANTIBODY SCREEN	117.00
06/17/20	0302		20808993		BLOOD TYPING ABO	19.25
06/18/20	0301		22002125		BASIC METABOLIC PANEL	601.00
06/18/20	0305		25200012		HEMOGLOBIN	62.00
06/18/20	0305		25204701		HEMATOCRIT	86.25
06/19/20	0120		53550025		CONTINUOUS CARE UNIT	6650.00
06/18/20	0311		22800147		SELECTIVE CELL ENHANCEMNT	421.00
06/18/20	0310		20400260		SLIDE BLANK (WLO) NC	0.00
06/18/20	0310		22805000		CELL BLOCK	281.00
06/17/20	0310		20400105		NORMAL TISSUE BLOCK & INIT	0.00
06/17/20	0310		20400417		IMMUNOPEROXIDASE EA ADDI	332.00
06/17/20	0310		20400417		IMMUNOPEROXIDASE EA ADDI	332.00
06/17/20	0310		20400417		IMMUNOPEROXIDASE EA ADDI	332.00
06/17/20	0310		20400417		IMMUNOPEROXIDASE EA ADDI	332.00
06/17/20	0310		20400417		IMMUNOPEROXIDASE EA ADDI	332.00
06/17/20	0310		20400417		IMMUNOPEROXIDASE EA ADDI	332.00
06/17/20	0310		20400417		IMMUNOPEROXIDASE EA ADDI	332.00
06/17/20	0310		20400417		IMMUNOPEROXIDASE EA ADDI	332.00
06/17/20	0310		20400417		IMMUNOPEROXIDASE EA ADDI	332.00
06/17/20	0310		20400417		IMMUNOPEROXIDASE EA ADDI	332.00
06/17/20	0310		20400417		IMMUNOPEROXIDASE EA ADDI	332.00
06/17/20	0310		20400417		IMMUNOPEROXIDASE EA ADDI	332.00

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PATIENT STATEMENT OF ACCOUNT - DETAIL
INPATIENT VISITPAGE 3
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PATIENT NAME: STEWART, BETSY A

ACCOUNT NBR:

088824776-0149

SRV DATE	RV	CD	REF	NBR	DESCRIPTION	
06/17/20	0310		20400417		IMMUNOPEROXIDASE EA ADDI	332.00
06/17/20	0310		20400417		IMMUNOPEROXIDASE EA ADDI	332.00
06/17/20	0310		20400417		IMMUNOPEROXIDASE EA ADDI	332.00
06/17/20	0310		20400417		IMMUNOPEROXIDASE EA ADDI	332.00
06/17/20	0310		20400417		IMMUNOPEROXIDASE EA ADDI	332.00
06/17/20	0310		20400016		DECALCIFICATION ROUTINE	306.00
06/17/20	0310		20400038		IMMUNOPEROXIDASE	332.00
06/18/20	0310		20400105		NORMAL TISSUE BLOCK & INIT	0.00
06/19/20	0420		34409999		PT VISIT NC	0.00
06/19/20	0440		36256001		TREATMENT OF SPEECH DISORD	202.00
06/19/20	0440		36250081		INPATIENT VISIT - STAT	0.00
06/19/20	0420		34400403		GAIT TRAINING P/15M	143.00
06/19/20	0430		29609997		OT VISIT NC	0.00
06/19/20	0430		29600407		SELF CARE MGMT TRAIN P/15M	147.00
06/19/20	0636		33500252		POT PHOSPHATE 15MM/15ML IN	63.00
06/19/20	0636		33502419		SODIUM CHLORIDE 0.9% 250ML	102.00
06/19/20	0636		33502309		HEPARIN SODIUM 5000 UNITS/	64.00
06/19/20	0250		33501571		DIVALPROEX SODIUM 250MG DR (QTY OF 0000002)	56.50
06/19/20	0250		33501222		DOCUSATE SODIUM 100MG CAP	6.25
06/19/20	0259		33503938		OLANZAPINE 2.5 MG TAB (QTY OF 0000002)	308.00
06/18/20	0272		33503587		GELFOAM 1GM PDR	978.00
06/18/20	0250		33511429		THROMBIN 5,000 U (RECOMB)	1009.00
06/18/20	0636		33504604		LIDOCAINE HCL 1% EPINE.20M	78.25
06/19/20	0250		33504139		LEVOTHYROXINE SOD 0.025MG	15.50
06/17/20	0636		33508225		CEFAZOLIN 1GM/DEXTROSE 5%	78.25
06/19/20	0250		33501222		DOCUSATE SODIUM 100MG CAP	6.25
06/19/20	0250		33508944		DULOXETINE 30MG CAPSULE	72.00
06/19/20	0636		33502309		HEPARIN SODIUM 5000 UNITS/	64.00
06/19/20	0250		33508260		BUPROPION XL 150MG TABLET (QTY OF 0000002)	110.50
06/17/20	0636		33504412		DEXAMETHASONE 4MG/ML VIAL	42.50
06/17/20	0636		33513486		ACETAMINOPHEN 1GM/100ML	58.00
06/17/20	0636		33502114		FENTANYL CIT 100MCG/2ML IN	30.25
06/17/20	0636		33503963		ONDANSETRON 2MG/ML 2ML INJ	292.00
06/17/20	0636		33501682		ROCURONIUM 10MG/5ML VIAL I (QTY OF 0000002)	448.00
06/17/20	0636		33515646		SUGAMMADEX 200MG/2ML INJ	352.00
06/17/20	0636		33501740		PROPOFOL 1000 MG/100 ML IN (QTY OF 0000003)	1833.00
06/17/20	0636		33504555		LIDOCAINE 2% VIAL 5ML INJ	43.75
06/17/20	0636		33510399		PHENYLEPHRINE 80MCG/ML 10M	361.00
06/18/20	0301		22000015		VENIPUNCTURE ROUTINE SPEC	26.00
06/19/20	0301		22002124		COMPREHENSIVE METABOLIC PA	507.00
06/19/20	0301		22004752		HEMOGLOBIN GLYCOSYLATED	140.00
06/19/20	0301		22006251		MAGNESIUM	176.00
06/19/20	0301		22007145		PHOSPHORUS SERUM	111.00
06/19/20	0305		25200012		HEMOGLOBIN	62.00
06/19/20	0305		25200012		HEMOGLOBIN	62.00
06/19/20	0305		25203172		RETICULOCYTE COUNT AUTOMAT	77.25
06/19/20	0301		25203941		FERRITIN	226.00
06/19/20	0305		25204701		HEMATOCRIT	86.25
06/19/20	0305		25204701		HEMATOCRIT	86.25
06/19/20	0301		25205514		VITAMIN B 12 TEST	216.00

UPMC HAMOT
PATIENT STATEMENT OF ACCOUNT - DETAIL
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PATIENT NAME: STEWART, BETSY A

ACCOUNT NBR: 088824776-0149

SRV DATE	RV	CD	REF	NBR	DESCRIPTION	
06/19/20	0301		25205515		FOLATE SERUM	226.00
06/19/20	0301		25205520		FE	109.00
06/19/20	0301		25205521		TIBC	109.00
06/19/20	0305		25207362		CBC & PLT & AUTO COMP DIFF	241.00
06/20/20	0120		53550025		CONTINUOUS CARE UNIT	6650.00
06/20/20	0636		33502309		HEPARIN SODIUM 5000 UNITS/	64.00
06/20/20	0250		33501571		DIVALPROEX SODIUM 250MG DR (QTY OF 0000002)	56.50
06/20/20	0250		33501222		DOCUSATE SODIUM 100MG CAP	6.25
06/20/20	0259		33503938		OLANZAPINE 2.5 MG TAB (QTY OF 0000002)	308.00
06/20/20	0636		33507159		IRON SUCROSE 20MG/ML 5ML I (QTY OF 0000002)	1608.00
06/20/20	0250		33504139		LEVOTHYROXINE SOD 0.025MG	15.50
06/20/20	0636		33502309		HEPARIN SODIUM 5000 UNITS/	64.00
06/20/20	0250		33508260		BUPROPION XL 150MG TABLET (QTY OF 0000002)	110.50
06/20/20	0250		33501222		DOCUSATE SODIUM 100MG CAP	6.25
06/20/20	0250		33508944		DULOXETINE 30MG CAPSULE	72.00
06/19/20	0301		22000015		VENIPUNCTURE ROUTINE SPEC	26.00
06/19/20	0301		22000015		VENIPUNCTURE ROUTINE SPEC	26.00
06/19/20	0301		22000015		VENIPUNCTURE ROUTINE SPEC	26.00
06/20/20	0301		22002123		RENAL FUNCTION PANEL	427.00
06/20/20	0301		22006251		MAGNESIUM	176.00
06/20/20	0305		25200012		HEMOGLOBIN	62.00
06/20/20	0305		25200012		HEMOGLOBIN	62.00
06/20/20	0305		25204701		HEMATOCRIT	86.25
06/20/20	0305		25204701		HEMATOCRIT	86.25
06/20/20	0305		25207362		CBC & PLT & AUTO COMP DIFF	241.00
06/21/20	0120		53550025		CONTINUOUS CARE UNIT	6650.00
06/21/20	0250		33508260		BUPROPION XL 150MG TABLET (QTY OF 0000002)	110.50
06/21/20	0250		33504139		LEVOTHYROXINE SOD 0.025MG	15.50
06/21/20	0636		33502309		HEPARIN SODIUM 5000 UNITS/	64.00
06/21/20	0636		33507159		IRON SUCROSE 20MG/ML 5ML I (QTY OF 0000002)	1608.00
06/21/20	0250		33501222		DOCUSATE SODIUM 100MG CAP	6.25
06/21/20	0250		33508944		DULOXETINE 30MG CAPSULE	72.00
06/21/20	0636		33502309		HEPARIN SODIUM 5000 UNITS/	64.00
06/21/20	0250		33501222		DOCUSATE SODIUM 100MG CAP	6.25
06/21/20	0250		33501571		DIVALPROEX SODIUM 250MG DR (QTY OF 0000002)	56.50
06/21/20	0259		33503938		OLANZAPINE 2.5 MG TAB (QTY OF 0000002)	308.00
06/20/20	0301		22000015		VENIPUNCTURE ROUTINE SPEC	26.00
06/20/20	0301		22000015		VENIPUNCTURE ROUTINE SPEC	26.00
06/20/20	0301		22000015		VENIPUNCTURE ROUTINE SPEC	26.00
06/21/20	0301		22002123		RENAL FUNCTION PANEL	427.00
06/21/20	0301		22006251		MAGNESIUM	176.00
06/21/20	0305		25207362		CBC & PLT & AUTO COMP DIFF	241.00
06/21/20	0307		25209437		URINALYSIS R & M	152.00
06/22/20	0120		53550025		CONTINUOUS CARE UNIT	6650.00
06/17/20	0310		20400417		IMMUNOPEROXIDASE EA ADDI	332.00
06/17/20	0310		20400417		IMMUNOPEROXIDASE EA ADDI	332.00
06/18/20	0310		20400417		IMMUNOPEROXIDASE EA ADDI	332.00
06/18/20	0310		20400417		IMMUNOPEROXIDASE EA ADDI	332.00
06/18/20	0310		20400038		IMMUNOPEROXIDASE	332.00
06/22/20	0420		34409999		PT VISIT NC	0.00

UPMC HAMOT
 PATIENT STATEMENT OF ACCOUNT - DETAIL
 INPATIENT VISIT

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PATIENT NAME: STEWART, BETSY A

ACCOUNT NBR: 088824776-0149

SRV DATE	RV	CD	REF	NBR	DESCRIPTION	
06/22/20	0420		34402621		CQ GAIT TRAINING P/15M	143.00
06/22/20	0430		29609997		OT VISIT NC	0.00
06/22/20	0430		29600407		SELF CARE MGMT TRAIN P/15M	147.00
06/22/20	0440		36256001		TREATMENT OF SPEECH DISORD	202.00
06/22/20	0440		36250081		INPATIENT VISIT - STAT	0.00
06/22/20	0636		33502309		HEPARIN SODIUM 5000 UNITS/	64.00
06/22/20	0250		33501571		DIVALPROEX SODIUM 250MG DR (QTY OF 0000002)	56.50
06/22/20	0250		33501222		DOCUSATE SODIUM 100MG CAP	6.25
06/22/20	0259		33503938		OLANZAPINE 2.5 MG TAB (QTY OF 0000002)	308.00
06/22/20	0250		33504139		LEVOTHYROXINE SOD 0.025MG	15.50
06/22/20	0636		33502309		HEPARIN SODIUM 5000 UNITS/	64.00
06/22/20	0250		33508260		BUPROPION XL 150MG TABLET (QTY OF 0000002)	110.50
06/22/20	0250		33501222		DOCUSATE SODIUM 100MG CAP	6.25
06/22/20	0250		33508944		DULOXETINE 30MG CAPSULE	72.00
06/22/20	0636		33507159		IRON SUCROSE 20MG/ML 5ML I (QTY OF 0000002)	1608.00
06/21/20	0301		22000015		VENIPUNCTURE ROUTINE SPEC	26.00
06/22/20	0301		22002123		RENAL FUNCTION PANEL	427.00
06/22/20	0301		22006251		MAGNESIUM	176.00
06/22/20	0305		25207362		CBC & PLT & AUTO COMP DIFF	241.00
06/22/20	0301		38500478		LEVETIRACETAM	102.00
06/23/20	0120		53550025		CONTINUOUS CARE UNIT	6650.00
06/23/20	0420		34409999		PT VISIT NC	0.00
06/23/20	0420		34402621		CQ GAIT TRAINING P/15M	143.00
06/23/20	0440		36256001		TREATMENT OF SPEECH DISORD	202.00
06/23/20	0440		36250081		INPATIENT VISIT - STAT	0.00
06/23/20	0430		29609997		OT VISIT NC	0.00
06/23/20	0430		29600409		THERAPEUTIC EXERCISE P/15M	114.00
06/23/20	0636		33502309		HEPARIN SODIUM 5000 UNITS/	64.00
06/23/20	0250		33501571		DIVALPROEX SODIUM 250MG DR (QTY OF 0000002)	56.50
06/23/20	0259		33503938		OLANZAPINE 2.5 MG TAB (QTY OF 0000002)	308.00
06/23/20	0250		33504363		ACETAMINOPHEN 325MG TAB (QTY OF 0000002)	2.60
06/23/20	0250		33501222		DOCUSATE SODIUM 100MG CAP	6.25
06/23/20	0250		33504139		LEVOTHYROXINE SOD 0.025MG	15.50
06/23/20	0636		33502309		HEPARIN SODIUM 5000 UNITS/	64.00
06/23/20	0250		33508260		BUPROPION XL 150MG TABLET (QTY OF 0000002)	110.50
06/23/20	0250		33501222		DOCUSATE SODIUM 100MG CAP	6.25
06/23/20	0250		33508944		DULOXETINE 30MG CAPSULE	72.00
06/22/20	0301		22000015		VENIPUNCTURE ROUTINE SPEC	26.00
06/22/20	0301		22000015		VENIPUNCTURE ROUTINE SPEC	26.00
06/23/20	0301		22002123		RENAL FUNCTION PANEL	427.00
06/23/20	0301		22005811		LACTATE DEHYDROGENASE	117.00
06/23/20	0301		22006251		MAGNESIUM	176.00
06/23/20	0301		22009151		URIC ACID	175.00
06/23/20	0301		25203941		FERRITIN	226.00
06/23/20	0301		25205514		VITAMIN B 12 TEST	216.00
06/23/20	0301		25205515		FOLATE SERUM	226.00
06/23/20	0301		25205520		FE	109.00
06/23/20	0301		25205521		TIBC	109.00
06/23/20	0305		25207362		CBC & PLT & AUTO COMP DIFF	241.00
06/23/20	0301		38500936		ERYTHROPOIETIN	293.00

UPMC HAMOT
 PATIENT STATEMENT OF ACCOUNT - DETAIL
 INPATIENT VISIT

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PATIENT NAME: STEWART, BETSY A

ACCOUNT NBR: 088824776-0149

SRV DATE	REF NBR	DESCRIPTION	
		OUT OF AREA BC MC HMO	
06/30/20	50007250	C/A MC HMO IP	SERVICE ON 06/17/20 173208.94-
		OUT OF AREA BC MC HMO	
07/15/20	10009516	PMT BC SECURITY BLUE	SERVICE ON 06/17/20 0.00
		OUT OF AREA BC MC HMO	
06/30/20	50007250	C/A MC HMO IP	SERVICE ON 06/17/20 173208.94
		OUT OF AREA BC MC HMO	
08/21/20	50007250	C/A MC HMO IP	SERVICE ON 06/17/20 171000.80-
		OUT OF AREA BC MC HMO	
09/02/20	10009516	PMT BC SECURITY BLUE	SERVICE ON 06/17/20 0.00
		OUT OF AREA BC MC HMO	
08/21/20	50007250	C/A MC HMO IP	SERVICE ON 06/17/20 171000.80
		OUT OF AREA BC MC HMO	
09/26/20	50007250	C/A MC HMO IP	SERVICE ON 06/17/20 171000.80-
		OUT OF AREA BC MC HMO	
10/07/20	10009516	PMT BC SECURITY BLUE	SERVICE ON 06/17/20 0.00
		OUT OF AREA BC MC HMO	

REMIT TO

UPMC HAMOT	BEGINNING BALANCE	0.00
PO BOX 382059	NEW CHARGES/ADJUSTMENTS	548664.09
	NEW PAYMENTS/CREDITS	515210.54-
PITTSBURGH PA 15250-8059	CURRENT ACCOUNT BALANCE	33453.55

MAKE CHECK PAYABLE TO: UPMC HAMOT

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
 CUSTOMER SERVICE 1-844-591-5949. EMAIL QUESTIONS TO patientstatements@upmc.edu
 UPMC NOW ACCEPTS ONLINE PAYMENTS AT <https://npaybill.upmc.com>