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Michael Kramer

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PAST DUE INVOICE

Due Upon Receipt

Not Subject to Medical Claims Review

Invoice Date: 06/30/2019
Invoice Number: 3457068
Claim Number: whwh19060022

Claimant: Guijarro Valencia

Address:

Date of Loss: 06/17/2019 Employer: UNKNOWN

TOTAL DUE: \$47.97

TELEPHONIC TRANSLATION

Date	Service	Start Time	End Time	Minutes	Rate		Total
06/26/2019	Telephonic Translation						
99199	Spanish	02:41 PM	03:04 PM	23.63	2.03		47.97
			ORIGI	ORIGINAL INVOICE AMOUNT			47.97
			PAYM	PAYMENTS / ADJUSTMENTS		:	0.00
			TOTA	TOTAL DUE		:	47.97