

Claim Number --	AB949507799	Total Charges --	\$ 1,933.08	LU0527223 - 00 EOBID -db
Claim Type --	PIP / NY			Provider Copy
Billing Provider --	BORUKHOV RADIOLOGY PLLC DBA HIGHLINE RADIOLOGY	Total PPO Discounts --	\$ 0.00	
Service Provider --	BORUKHOV, DAVID	Total Reimbursement --	\$ 0.00	
Patient Name --	BOLIVAR, DIANA	Dates Of Service --	06/29/2023 - 06/29/2023	
--				

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC ID	REF LINE NUMBER
BFH	The benefits for this patient/claim are exhausted.		

Comments :

PO BOX 7214, LONDON, KY 40742
Customer Service 877.246.4264