AMETROS

217-090-E-122997-002

To: AMETROS FINANCIAL CORPORATION MSA CAREGUARD

Group:AMETROS FINANCIAL COPORATION Rcpt Dt:03-31-2017

PATIENT INFORMATION FH INFORMATION

LAST : DOE TYPE: Outpatient CLIENT # :1XXXXXXX

FIRST : JOSEFINA MI: FROM: 03-13-2017CLIENT ID:1XX

DOB: SEX: F RL:XX THRU: 03-13-XXXX CONTROL #:1-XXX-X-XXXXX-XX

INSD ID: XXXXXX CLAIM #: XXXXXX

PT SSN : PT CTRL:

PROVIDER INFORMATION NPI:XXXXXXX FTIN:XXXXXXX1

FACILITY/OFFICE: MEDICAL OFFICE

PROVIDER NAME : SALLY DOE

LINE	DATES OF SERVICE	PROCEDURE CODE	MOD	UNIT	BILLED CHARGES	NEGOTIATED RATE	SAVINGS
001	03-13-2017 03-13-2017	99204		001	409.00	170.14	238.86
002	03-13-2017 03-13-2017	73610		001	120.00	31.69	88.31
TOTALS:					529.00	201.83	327.17

BILLED CHARGES	529.00
EXCLUDED AMOUNT	0.00
NEGOTIATED RATE	201.83
TOTAL SAVINGS	327.17