

2025 CLAIMS SUMMARY REPORT

SUBSCRIBER:

Margaret Bishop

REPORT COVERAGE DATES:

01/01/2025 TO 02/18/2025

TOTAL CHARGED	TOTAL COVERED	TOTAL YOU PAY (EST.)
\$125.00	\$125.00	\$0.00

SERVICE INFORMATION								BALANCE		
STATUS	CLAIM NUMBER	FINALIZED DATE	SERVICE DATE	PLAN	PATIENT	DOB	PROVIDER NAME	CHARGED	COVERED	YOU PAY (EST.)
Medical										
FINALIZED	250204523533	02/11/2025	01/31/2025	State Health Plan Medicare Advantage PPO	Margaret Bishop	10/13/1938	Northview Medical House Calls PLC	\$125.00	\$125.00	\$0.00
SUBTOTAL								\$125.00	\$125.00	\$0.00
								TOTAL CHARGED	TOTAL COVERED	TOTAL YOU PAY (EST.)
TOTAL								\$125.00	\$125.00	\$0.00

All benefits and payments are not guaranteed and are subject to any limitations or exclusions that are in effect at the time the patient receives services. All information shown here is subject to final approval by the servicing plan. Please note that data isn't reflected in real time and may change. All rights reserved.