



# Statements of Payment

Horizon Blue Cross Blue Shield of New Jersey

## Finalized Claims for Medical Customer Card ID: 3HZN11295610

Service Provider	Patient Name	Claim Number	Service Type	Total Amount	Paid Amount	Coinsurance	Copayments	Deductible	Start Date	End Date
Soul Dental Chelsea PC	ANANTH NAG KANCHIBHOTLA SANTOSH	52234644	Dental	\$325.00	\$98.00	\$22.00	\$0.00	\$0.00	10/24/2020	10/24/2020
Soul Dental Chelsea PC	ANANTH NAG KANCHIBHOTLA SANTOSH	45386210	Dental	\$1,260.00	\$196.80	\$49.20	\$0.00	\$0.00	02/15/2020	02/15/2020
Soul Dental Chelsea PC	ANANTH NAG KANCHIBHOTLA SANTOSH	45385610	Dental	\$1,655.00	\$286.40	\$71.60	\$0.00	\$50.00	02/08/2020	02/08/2020
Soul Dental Chelsea PC	ANANTH NAG KANCHIBHOTLA SANTOSH	45385340	Dental	\$520.00	\$254.00	\$0.00	\$0.00	\$0.00	01/11/2020	01/11/2020
Soul Dental Chelsea PC	ANANTH NAG KANCHIBHOTLA SANTOSH	45386241	Dental	\$1,030.00	\$85.00	\$0.00	\$0.00	\$0.00	01/11/2020	01/11/2020
<b>Total</b>				<b>Total Amount</b>	<b>Paid Amount</b>	<b>Coinsurance</b>	<b>Copayment</b>	<b>Deductible</b>		
				\$4,790.00	\$920.20	\$142.80	\$0.00	\$50.00		

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