

TRUSTCARE HEALTH, LLC

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TRUSTCARE HEALTH LLC
PO BOX 24860
BELFAST, ME 04915-4499
billing phone: (601) 499-0953

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME
ZUHAIB RAJA 875 WILLIAM BLVD APT 1703 RIDGELAND, MS 39157-1531	199568	ZUHAIB RAJA
	DOB	HOME TELEPHONE
	09/25/1986	(662) 545-6158

Billing Summary

Claim ID	Procedure	Date of Service	Post Date	Type	Reason	Plan	Supervising Provider	Ins. 1	Ins. 2	Patient
Claim ID 127570										
127570	99213,95	07/20/2020	11/18/2020	CHARGE	99213,95	BCBS-MS (PPO)	JENNA COLE	\$112.50		
127570	99213,95	07/20/2020	12/03/2020	PAYMENT	ACH *****2755	BCBS-MS (PPO)	JENNA COLE	\$-50.00		
127570	99213,95	07/20/2020	12/03/2020	ADJUSTMENT	CONTRACTUAL (18243)	BCBS-MS (PPO)	JENNA COLE	\$-37.50		
127570	99213,95	07/20/2020	12/03/2020	TRANSFERIN	COPAY	PATIENT	JENNA COLE	\$-25.00		\$25.00
127570	99213,95	07/20/2020	12/07/2020	PAYMENT	MC/VISA	PATIENT	JENNA COLE			\$-25.00
OUTSTANDING								\$0.00	\$0.00	\$0.00
Claim ID 169364										
169364	90471	09/16/2020	09/22/2020	CHARGE	90471	BCBS-MS (PPO)	ALLISON MCQUIRTER	\$30.00		
169364	90471	09/16/2020	09/22/2020	CHARGE	90471	BCBS-MS (PPO)	ALLISON MCQUIRTER	\$30.00		
OUTSTANDING								\$60.00	\$0.00	\$0.00
Claim ID 250666										
250666	OMUDS	12/16/2020	01/04/2021	CHARGE	OMUDS	ESCREEN	HUNTER VAUGHN	\$21.00		
OUTSTANDING								\$21.00	\$0.00	\$0.00
TOTAL CHARGE OUTSTANDING AS OF 02/22/2021								\$81.00	\$0.00	\$0.00