

Patient: PILLARI, VAMSIPRIYA DOB: 07/27/2000 Phone: 904-581-4988  
 Address: 10112 HAWK STORM AVE, TAMPA, FL, 33610-9147  
 Claim Date: 08/03/2023 Encounter Date: 08/03/2023  
 Servicing Provider: Yelverton Jr, Robert W Servicing Provider NPI: 1750546024

**Total Amount: \$ 0.00    Payments/Adjustments: \$ 1751.06    Balance: \$ -1751.06**  
**Claim Number: 1488101    Filing Status: OB Balance**

ICD Codes:

O80 NORMAL VAGINAL DELIVERY.

CPT Codes:

**Code**

OBBAL OB BALANCE

**Modifiers**

**Start Dt**

**End Dt**

**POS**

**TOS**

**Unit Fee**

**Units Billed**

**Fee**

08/03/2023 08/03/2023 11-OFFICE 1-Medical Care \$0.00 1.00 \$0.00

Insurances:

**Name**

**Group No**

**Subscriber No**

**Type**

**File Status**

Cigna

3342407

u8829469002

C1

Payment:

**From**

**Date**

**Type**

**Check No**

**Payment**

Patient	08/03/2023	Credit Card (VISA)	VISA	\$398.86
Patient	08/22/2023	Unit Transfer		(\$243.24)
Patient	09/01/2023	Credit Card (VISA)	VISA	\$398.86
Patient	10/27/2023	Credit Card (VISA)	v	\$398.86
Patient	11/27/2023	Credit Card (VISA)		\$398.86
Patient	12/26/2023	Credit Card (VISA)		\$398.86

Refund:

To	Date	Type	Check No	Posted Refund
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Adjustment:

Code	Date	Name	Amount
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Claim Data:

**Symptom Indicator:** No Symptom Date  
**Referring Provider:** Yelverton Jr, Robert W NPI 1750546024

Claim Header:

**Residence Type:**  
**Student Status:**  
**Employment Status:**  
**Primary Insurance:**  
**Claim Type:** Medical

Claim Log:

Payment Id	Payment Date	Payment Type	Check No	Amount
902781	12/26/2023	Credit Card (VISA)		405.74
842031	11/27/2023	Credit Card (VISA)		447.54
781046	10/27/2023	Credit Card (VISA)	v	398.86
724018	09/29/2023	Credit Card (VISA)	v	1368.27
669529	09/01/2023	Credit Card (VISA)	VISA	398.86
650479	08/22/2023	Unit Transfer	0.00	
606093	08/03/2023	Credit Card (VISA)	VISA	398.86
556900	07/12/2023	Credit Card (VISA)	v	60.00