

Greenville Ent And Allergy Associates P

Medicare Advantage Claim # 038585439

Patient Name: Juline Kerr
Date of service: 06/17/2022
Status: Processed- 08/08/2022

Claim Payment Breakdown

Provider Billed Plan

\$317.00

Processed - 08/08/2022

Total Cost (Allowed Amount)

\$114.50

Processed - 08/08/2022

Plan Paid

\$78.71

Processed - 08/08/2022

Your Share¹

\$35.00

Not Marked As Paid

¹ If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services. If you owe anything for these services, your provider will send you a bill.

Claim Provided Services