Value Summary By Provider

Case #: 217478

Code	Provider		Servio	e Date Memo		Amount	Due
MEDICAL	Hawthorne V Corps.	olunteer Ambulan	ce 01/04		\$0.00	\$0.00	
	Totals for H	lawthorne Volu	nteer Ambu	\$0.00	\$0.00	\$0.00	
MEDICAL	Imaging Subs Jersey, LLC	specialists of North	n 12/10		\$162.00	\$0.00	
	Totals for I	maging Subspe	cialists of No	\$31.75	\$162.00	\$0.00	
MEDICAL	Kayal Orthop	aedic Center	12/2		\$24,867.02	\$1,129.06	
	<u>Check #</u>	Payment Date 04/23/2020 04/23/2020 09/02/2020	<u>Paid By</u> PIP Co-Pay Write-Off	<u>Trans Type</u> Payment Payment Payment	<u>Amount</u> \$7,086.63 \$235.83 \$1,371.38		
	Totals for k	Kayal Orthopaed	lic Center :	\$8,693.84	\$24,867.02	\$1,129.06	
MEDICAL	PESH Medica	I Equiptment, LLC	12/23		\$379.80	\$0.00	
	<u>Check #</u>	Payment Date 06/30/2020	<u>Paid By</u> PIP	<u>Trans Type</u> Payment	<u>Amount</u> \$189.91		
	Totals for F	PESH Medical Ec	quiptment, L	\$189.91	\$379.80	\$0.00	
MEDICAL	St. Joseph's E	mergency Physicia	ins 12/10		\$378.66	\$0.00	
	<u>Check #</u>	Payment Date 04/23/2020 04/23/2020	<u>Paid By</u> Co-Pay PIP	<u>Trans Type</u> Payment Payment	<u>Amount</u> \$221.77 \$38.23		
	Totals for S	St. Joseph's Eme	ergency Phys	\$260.00	\$378.66	\$0.00	
MEDICAL	St. Josephs H	ealthcare Inc.	12/10		\$20.00	\$0.00	
	<u>Check #</u>	Payment Date 04/23/2020	<u>Paid By</u> Co-Pay	<u>Trans Type</u> Payment	<u>Amount</u> \$6.04		
	Totals for S	St. Josephs Heal	thcare Inc. :	\$6.04	\$20.00	\$0.00	

Value Summary By Provider

Case #: 217478

Code	Provider St. Joseph's University Medical Center		Service Date Memo			Amount	Due
MEDICAL			12/16/2019			\$4,420.35	\$0.00
	<u>Check #</u>	Payment Date 04/23/2020 04/23/2020	<u>Paid By</u> PIP Co-Pay	<u>Trans Type</u> Payment Payment	<u>Amount</u> \$2,818.42 \$704.61		
	Totals for St. Joseph's University Medical Center :				\$3,523.03	\$4,420.35	\$0.00
			GRAND TOTALS :		\$12,672.82	\$30,227.83	\$1,129.06

Report Criteria:

Case: 217478 Value Codes: All Value Codes Include Value Notes? True