

Palo Alto Medical Foundation
Po Box 278420
Sacramento, CA 95827-8420

06/14/23

PRS
1009 WINDCROSS CT.
FRANKLIN, TN 37067

Subscriber name: Andrew Sharp
Patient name: SHARP, ANDREW B
Subscriber ID: W272991909

To Whom It May Concern:

We are in receipt of your request for a refund for date of service **01/03/2023** in the amount of **\$434.00**. This refund was issued to you on **04/12/2023** with check **#911433**.

Sincerely,

Rosana S.



REFUND DUE	\$ 434.00		
Patient Name:	Andrew Sharp	Total Billed:	\$ 489.00
Patient Acct. #:	P1726556920	Total Paid:	\$ 434.00
Service Date(s):	01/03/2023 to 01/03/2023	Correct Payment:	\$ 434.00
OPID:	66252328		

Reason: Member not eligible on date of service: Termed Member. Members last day of coverage was 12/31/2022 therefore member did not have coverage on date of service 01/03/2023 (claim EWFC106YT00; paid amount \$434.00).