

IN THE CIRCUIT COURT OF THE 11TH
JUDICIAL CIRCUIT IN AND FOR
MIAMI-DADE COUNTY, FLORIDA

In re:

COMPLEX BUSINESS LITIGATION
DIVISION

CRYSTAL CRUISES LLC, a California
limited liability company,

Case No. 2022-002742-CA-01
Lead Case

CRYSTAL HOLDINGS U.S., LLC, a
Delaware limited liability company,

Case No. 2022-002757-CA-01

CRYSTAL AIRCRUISES, LLC, a Florida
limited liability company, and

Case No. 2022-002758-CA-01

Assignors,
To:

(Jointly Administered Cases)

MARK C. HEALY,

Assignee.
_____ /

ASSIGNEE'S OBJECTION TO CLAIM OF JACKSON MEMORIAL HOSPITAL

NOTICE OF OPPORTUNITY TO OBJECT AND REQUEST FOR HEARING

PLEASE TAKE NOTICE that, Pursuant to section 727.111(4), Florida Statutes, the assignee may disallow improper claims of creditors, and the Court may consider these actions without further notice or hearing unless a party in interest files an objection within 21 days from the date this paper is served. If you object to the relief requested in this paper, you must file your objection with the Clerk of the Court of Miami-Dade County at 73 W. Flagler Street, Room 133, Miami, FL 33130, and serve a copy on the assignee's attorney, Paul N. Mascia, Esq., Nardella & Nardella, PLLC, 135 W. Central Blvd., Ste. 300, Orlando, FL 32801, and any other appropriate person.

If you file and serve an objection within the time permitted, the Court shall schedule a hearing and notify you of the scheduled hearing.

If you do not file an objection within the time permitted, the assignee and the Court will presume that you do not oppose the granting of the relief requested in the paper.

COMES NOW, Mark C. Healy, Assignee in the above-captioned Assignment proceeding (the “Assignee”), pursuant to Section 727.113 and 727.109(4), files this Objection to Claim of Jackson Memorial Hospital (“Jackson” or “Claimant”), and asserts as follows:

BACKGROUND

1. On February 10, 2022, the Crystal Cruises, LLC (the “Assignor”) executed and delivered, and the Assignee accepted, an irrevocable Assignment for the benefit of creditors to the Assignee (the “Assignment”). On February 11, 2022, a *Petition Commencing Assignment for the Benefit of Creditors* was filed by the Assignee for the Assignor, thereby commencing the following assignment for the benefit of creditors case pursuant to Chapter 727 of the Florida Statutes, in this Court: *In re Crystal Cruises LLC*, Case No. 2022-002742-CA-01 (the “Assignment Case”).

2. Prior to the Assignment, Assignor engaged in the business of travel and entertainment business, including operating ocean, river, and expedition cruises and conducting related activities around the world (the “Business”).

3. The Assignee's address and telephone number are c/o Paul N. Mascia, Esq., Nardella & Nardella, PLLC, 135 W. Central Boulevard, Orlando, Florida 32801 and (407) 966-2680.

4. Pursuant to § 727.112(2), *Florida Statutes*, all proofs of claims shall be filed by delivering the claims to the Assignee within 120 days from the filing of the Assignment.

5. In this case, all claims were required to be filed by June 11, 2022 (the “Bar Date”).

6. This Honorable Court has the power to allow or disallow claims against the estate and determine their priority. *See* § 727.109(4), *Florida Statutes*.

OBJECTION TO CLAIM

7. OVAG International AG (“OVAG”), a debt collection agency, delivered Jackson Claim No. 2697 in the amount of \$105,396.37 (the “Claim”) via email to the Assignee on June 21, 2022, a true and correct copy of which Claim is attached hereto as **Exhibit “A”**.

8. Assignee objects to the Claim as untimely as it was proffered on June 21, 2022, ten (10) days passed the Bar Date.

9. At any time before the entry of an order approving the Assignee’s final report, the Assignee may file its objection to the Claim. *See § 727.113(1), Florida Statutes.* The Assignee’s final report has not yet been filed in this case and his objection to the Claim is therefore timely made.

WHEREFORE, the Assignee respectfully requests the Court enter an order sustaining his Objection to Jackson’s Claim, DENYING the Claim in its entirety and granting any such further relief that this Court may deem just and proper.

DATED this 8th day of December 2023.

NARDELLA & NARDELLA, PLLC
Co-General Counsel for Assignee
135 W. Central Blvd., Ste. 300
Orlando, FL 32801
(407) 966-2680

By: /s/ Paul N. Mascia

Michael A. Nardella, Esq.

Florida Bar No. 051265

Paul N. Mascia, Esq.

Florida Bar No. 0489670

mnardella@nardellalaw.com

pmascia@nardellalaw.com

kcooper@nardellalaw.com

CERTIFICATE OF SERVICE

I **HEREBY CERTIFY** that a true and correct copy of the foregoing was served via the Florida Court's e-Filing Portal on December 8th, 2023, which will serve upon all parties and interested persons of record in this action; on claimant Jackson Memorial Hospital via U.S. mail to 3329 State St., Santa Barbara, CA 93105; and via email to cb144@jud11.flcourts.org pursuant to CBL Rule 2.2.

By: /s/ Paul N. Mascia
Paul N. Mascia

EXHIBIT “A”

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT,
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

In Re:

CRYSTAL CRUISES, LLC
a California Limited Liability company.

2697.

Assignor,

Case No.: 2022-002742 CA 01

To:

MARK C. HEALY,

Assignee,

LATE!

RECEIVED
JUN 21 2022

PROOF OF CLAIM

TO RECEIVE ANY DIVIDEND IN THIS PROCEEDING, YOU MUST COMPLETE THIS PROOF OF CLAIM AND DELIVER IT TO THE ASSIGNEE NO LATER THAN:

JUNE 11, 2022

THE ASSIGNEE'S NAME AND ADDRESS ARE AS FOLLOWS:

Mark C. Healy, Assignee
MICHAEL MOECKER & ASSOCIATES, INC.
1885 Marina Mile Blvd., Suite 106
Fort Lauderdale, FL 33315
(954) 252-1560 • (954) 252-2791 Fax No.
Info@Moecker.com

1. CREDITOR NAME (Your name):
ADDRESS:

TELEPHONE NUMBER:
E-MAIL ADDRESS:

JACKSON MEMORIAL HOSPITAL
1611 NW 12th AVENUE
MIAMI FL 33136
+1 305 585 1111

Please be sure to notify us if you have a change of address.

2. BASIS FOR CLAIM:

- Goods Sold Wages, Salaries and Compensations Secured Creditor
- Services Performed Taxes
- Money Loaned Shareholder Other: _____

3. DATE DEBT WAS INCURRED:

DEC 23, 2021 — JAN 6, 2022

4. AMOUNT OF CLAIM:

USD 105,396.37

5. SUPPORTING DOCUMENTS: **Attach copies of supporting documents**, such as promissory notes, purchase order, invoices, itemized statement of running accounts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

6. SIGNATURE: Sign and print name and title, if any, of the creditor or other person authorized to file this claim:

DATED: JUNE 10, 2022

BY: [Signature]
Signature of Claimant or Representative

WILSON DANDEY (ACCOUNT MANAGER)
Print Name and Title Here

OVAG
INTERNATIONAL AG
Zürichstrasse 5 · P.O. Box 6669
6000 Lucerne 6 · Switzerland



December 23, 2021

JACKSON MEMORIAL HOSPITAL
1611 NW 12 AVENUE
MIAMI, FL 33136
Tax ID#: 59-1713947

Patient Ajat Sudrajat
DOB 09/09/1985
ID CC110131

Re: Medical Transfer / Emergency Room Evaluation / Hospital Treatment

In summary of our discussion, Med Solutions International (MSI) and its representatives have been authorized, on behalf of Crystal Cruises, to coordinate the medical transfer / emergency room evaluation / treatment of Mr. Ajat Sudrajat. The letter is to serve as authorization for the above noted services. Authorization #4411.

Medical bills should be sent to TPA:
Star Healthcare Network
17621 Woodview Terrace
Boca Raton, FL 33487
Phone 1914-358-9121
Fax 1914-358-9206

Medical bills will be repriced according to contractual rates with Star Healthcare Network.
Patient his \$0 co-pay, \$0 deductible.

We remain available should you have any questions or require further assistance.

Kind regards,

Julie Licari
Managing Director
Med Solutions International
E-mail: ops@medsolutionsint.com

57 West 57 Street, 4th Floor, New York, NY 10019
Phone 1646-404-3314, Fax 1646-514-5147, www.MedSolutionsInt.com

Wilson Dandey

From: Med Solutions International <ops@medsolutionsint.com>
Sent: 06.05.2022 16:06
To: Wilson Dandey
Cc: ggalen@starhealthcarenet.com; nflores@starhealthcarenet.com; info@starhealthcarenet.com; Med Solutions International; Med Solutions International;
Subject: RE: STAR HEALTH NY - Claim Nr. CC110131 - Jackson Memorial Hospital USA - Case 12687 006665
Attachments: Crystal Cruises Proof of Claim Form.pdf

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning Mr. Dandey,

As you may have been informed, Crystal Cruises filed for bankruptcy in January 2022, thus suspending all payments due. We recently received the following link with instructions for submitting reimbursement claims:
<https://crystalcruiseclaims.com/>

Kindly submit all documentation for pending claims as outlined in instructions soonest.

We sincerely apologize for this inconvenience and thank you for your understanding.

Regards,

Julie Licari
Managing Director
Med Solutions International
Phone + 1646-404-3314
Fax +1646-514-5147
Ops@MedSolutionsInt.com

From: Wilson Dandey <wdan@ovag.ch>
Sent: Friday, May 6, 2022 5:01 AM
To: Med Solutions International <ops@medsolutionsint.com>
Cc: ggalen@starhealthcarenet.com; nflores@starhealthcarenet.com; info@starhealthcarenet.com
Subject: STAR HEALTH NY - Claim Nr. CC110131 - Jackson Memorial Hospital USA - Case 12687 006665

ATTN: JULIE LICARI (MD - MSI)

MSI Authorization #4411
Star Health Claim Nr. CC110131
Patient name: Ajat Sudrajat (born 9 September 1985)
Employer: CRYSTAL CRUISES
OVAG Ref: 12687 006665
Provider's name: Jackson Memorial Hospital USA
Provider's reference: 40020130467

Date of service: 23 December 2021 – 6 January 2022
Total charges: USD 105,396.37

Dear Ms. Licari,

We represent the above medical provider in relation to the billing and collection of its international patients' accounts.

We note that Med Solutions International (MSI) and its representatives have been authorized, on behalf of Crystal Cruises, to coordinate the medical transfer / emergency room evaluation / treatment of Mr. Ajat Sudrajat. We have attached your letter to serve as authorization for the above noted services for your reference.

We contacted Star Health Network to process this claim, however, they have responded that Crystal Cruise Line is in bankruptcy.

Please refer to Star Health's email below and confirm as to how this claim will be processed and when the provider should expect payment.

Thank you.

Yours sincerely,

Wilson Dandey
OVAG International AG
Tel: + 41 41 379 03 03
Direct Tel. + 41 41 379 03 31
Facsimile. + 41 41 379 03 74
Toll free (US and Canada): +1 866 753 9288
E-mail. wdan@ovag.ch
<http://www.ovag-international.com/>

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From: Gigi Galen <ggalen@starhealthcarenet.com>

Sent: 04.05.2022 18:22

To: Wilson Dandey <wdan@ovag.ch>; Nilsa Flores <nflores@starhealthcarenet.com>; Info <info@starhealthcarenet.com>

Subject: Re: STAR HEALTH NY - Claim Nr. CC110131 - Jackson Memorial Hospital USA - Case 12687 006665

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Crystal Cruise Line is in bankruptcy

Get Outlook for iOS

From: Wilson Dandey <wdan@ovag.ch>
Sent: Wednesday, May 4, 2022 12:18:55 PM
To: Nilsa Flores <nflores@starhealthcarenet.com>; Info <info@starhealthcarenet.com>
Subject: STAR HEALTH NY - Claim Nr. CC110131 - Jackson Memorial Hospital USA - Case 12687 006665

Star Health Claim Nr. CC110131
Patient name: Ajat Sudrajat (born 9 September 1985)
Employer: CRYSTAL CRUISES
OVAG Ref: 12687 006665
Provider's name: Jackson Memorial Hospital USA
Provider's reference: 40020130467
Date of service: 23 December 2021 – 6 January 2022
Total charges: USD 105,396.37

Dear Claims/Ms Flores,

Trust this email finds you well.

We represent the above medical provider in relation to the billing and collection of its international patients' accounts.

Please provide us with an update on the status of this claim that we have been instructed to collect by our client resulting from the hospitalization of your insured.

Please pay the outstanding balance directly to the provider or by bank transfer into the indicated bank account, mentioning the OVAG reference on the transaction. You may also send a cheque made payable to OVAG International to our address.

Bank transfer details:

Bank – Banesco USA / Beneficiary – OVAG International AG / Bank address – 150 Alhambra Circle suite 100, 33134 Coral Gables, FL, USA / Account N°. – 1000216828 / ABA routing – 067015779 / Swift/BIC Code – BBUBUS33XXX / Reference – 12687 006665

If you have any queries or require any further documentation please contact us, to the contrary we await your confirmation of payment or denial with the EOB.

Yours sincerely,

Wilson Dandey
OVAG International AG
Tel: + 41 41 379 03 03
Direct Tel. + 41 41 379 03 31
Facsimile. + 41 41 379 03 74
E-mail. wdan@ovag.ch
<http://www.ovag-international.com/>

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September 24, 2020

To whom it may concern:

Please be advised that OVAG International is a HIPAA Compliant agency contracted to collect on past due international accounts for Jackson Memorial and with whom we hold a Business Associate Agreement.

Any additional information needed by OVAG International should be released without and additional authorization forms or communication to be completed by OVAG or us.

Should you have any further questions please do not hesitate to contact OVAG International directly, they can provide you with any and all information you may require concerning this case.

We value our relationship with all patients and payers, as well as with OVAG International and request your complete cooperation with OVAG International in issuing, expediting payment and information without delay.

Should you need further information or wish to contact the undersigned please do so at 786-466-8135.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Yorika Faldraga".

Yorika Faldraga, MHSA
Associate Administrator, CBO
Jackson Health System
1500 NW 12th Ave, West 10th Floor
Miami, Florida 33136
(786) 466-8135

1 PHTJACKSON SOUTH MEDICAL 9333 SW 152ND STREET VILLAGE OF P FL 331571778 8778816177 3053552273	2 PHTJACKSON SOUTH MEDICAL PO BOX 947728 ATLANTA GA 30394	3a PAT. CNTL # 40020130467 Z06 b MED REC # 5552970 5 FED. TAX NO. 591713947	4 TYPE OF BILL 0117 6 STATEMENT COVERS PERIOD FROM 010121 THROUGH 010622
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8 PATIENT NAME	9 PATIENT ADDRESS	a UNKNOWN ADDRESS
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b SUDRAJAT AJAT	b MIAMI	c FL	d 33136
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10 BIRTHDATE	1 SEX	12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
09091985	M	122321	20	1	1	17	62	C1	DR											

31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 CODE	36 OCCURRENCE SPAN FROM	37 OCCURRENCE SPAN THROUGH	38
11 010121							

38	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
SUDRAJAT AJAT UNKNOWN ADDRESS	a 01	1592 00	b 80	14 00		
MIAMI FL 33136	c		d			

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0121	MEDICAL/SURGICAL/GYNB 2B	0.00		12	21780 00		
0200	ICU	0.00		2	12982 00		
0250	PHARMACY			97	1127 40		
0258	IV SOLUTIONS			6	495 00		
0260	IV THERAPY			5	1240 00		
0270	MED-SUR SUPPLIES			2	0 02		
0278	SUPPLY/IMPLANTS			1	441 00		
0300	LAB			5	437 00		
0301	LAB/CHEMISTRY			62	13962 00		
0302	LAB/IMMUNOLOGY			24	2101 00		
0305	LAB/HEMOTOLOGY			21	2874 00		
0306	LAB/BACT-MICRO			7	1495 00		
0307	LAB/UROLOGY			3	295 00		
0324	DX X-RAY/CHEST			4	1564 00		
0352	CT SCAN/BODY			1	1981 00		
0360	OR SERVICES			1	3300 00		
0390	BLOOD/STOR-PROC			4	1120 00		
0402	ULTRASOUND			1	755 00		
0410	RESPIRATORY SVC			46	14910 00		
0421	PHYS THERP/VISIT			4	1528 00		
0424	PHYS THERP/EVAL			1	388 00		
0431	OCCUP THERP/VISIT			5	1667 00		
PAGE 1 OF 2				CREATION DATE 012022	TOTALS		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ANNU BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
Z06 STAR HEALTHCARE	00000	Y	Y	0 00	0 00	1174601397	

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
SUDRAJAT AJAT	18	CC110131	CRYSTAL CRUISE	

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
4411	CORRECTED CLAIM	

66 DX	67 J189	68 E43	69 J811	70 Z681	71 D631	72 I129	73 N189	74 R0600	75 Y
0	E875	Y	F1210	Y	Z20822	Y	N271	Y	

69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73
R0602		673		

74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 OTHER PROCEDURE CODE	77 OTHER PROCEDURE CODE	78 ATTENDING	79 OPERATING	80 OTHER	81 OTHER
0JH63XZ 122921	5A1D70Z 122321	30243N1 122421	B24BYZZ 122921	NPI 1144527466	NPI 1356302400	NPI	NPI
				LAST HERNANDEZ ROSAD		FIRST LUIS	
				LAST HEYCK		FIRST THOMAS	
				LAST		FIRST	
				LAST		FIRST	

PHTJACKSON SOUTH MEDICAL 9333 SW 152ND STREET VILLAGE OF P FL 331571778 8778816177 3053552273		2 PHTJACKSON SOUTH MEDICAL PO BOX 947728 ATLANTA GA 30394		3a PAT. CNTL # 40020130467 Z06 b. MED. REC. # 5552970		4 TYPE OF BILL 0117	
5 FED. TAX NO. 591713947		6 STATEMENT COVERS PERIOD FROM 010121 THROUGH 010622		7			

8 PATIENT NAME a		9 PATIENT ADDRESS b UNKNOWN ADDRESS					
b SUDRAJAT AJAT		b MIAMI				c FL	d 33136

10 BIRTHDATE 09091985	11 SEX M	12 DATE 122321		13 HR 20	14 TYPE 1	15 SRC 1	16 DHR 17	17 STAT 62	18 C1	19 DR	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
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31 OCCURRENCE DATE 11 010121		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37	
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38 SUDRAJAT AJAT UNKNOWN ADDRESS MIAMI FL 33136		39 CODE a 01	40 VALUE CODES AMOUNT 1592 00		40 CODE b 80	41 VALUE CODES AMOUNT 14 00		41 CODE c	d
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42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0434	OCCUP THERP/EVAL			1	446 00		
0450	EMERG ROOM			1	1857 00		
0483	ECHOCARDIOLOGY			1	2573 00		
0636	N400517234010ML1000	J1756		1000	1980 00		
0636	N400069130710UN200	Q5105		200	873 75		
0636	N400069005903UN186	J1644		211	771 30		
0636	N400409610204UN46	J1940		58	582 90		
0636	HYDRALAZINE HCL INJECTIO	J0360		4	207 20		
0636	CALCIUM GLUCONATE INJECT	J0610		5	78 25		
0636	DRUGS UNCLASSIFIED INJEC	J3490		3	74 55		
0636	CEFTRIAZONE SODIUM INJEC	J0696		8	33 00		
0636	INSULIN INJECTION	J1815		2	16 50		
0636	N400409427701ME40	J2001		40	16 50		
0636	EKG/ECG			1	300 00		
0636	INPATIENT HEMODIALYSIS			8	9144 00		
0001	PAGE 2 OF 2	CREATION DATE 012022	TOTALS	105393 37	0 00		

50 PAYER NAME Z06 STAR HEALTHCARE		51 HEALTH PLAN ID 00000		52 REL INFO Y	53 ADD BEN Y	54 PRIOR PAYMENTS 0 00		55 EST. AMOUNT DUE 0 00		56 NPI 1174601397		57 OTHER PRV ID
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58 INSURED'S NAME SUDRAJAT AJAT		59 P.REL 18	60 INSURED'S UNIQUE ID CC110131		61 GROUP NAME CRYSTAL CRUISE		62 INSURANCE GROUP NO.	
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63 TREATMENT AUTHORIZATION CODES 4411		64 DOCUMENT CONTROL NUMBER CORRECTED CLAIM		65 EMPLOYER NAME	
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66 N179	Y J189	Y E43	Y J811	Y Z681	1 D631	Y I129	Y N189	Y R0600	Y 68
Q E875	Y F17210	Y Z20822	Y N271	Y					

69 ADMIT DX R0602	70 PATIENT REASON DX	71 PPS CODE 673	72 ECI	73
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74 PRINCIPAL PROCEDURE CODE DATE 0JH63XZ 122921		a. OTHER PROCEDURE CODE DATE 5A1D70Z 122321		b. OTHER PROCEDURE CODE DATE 30243N1 122421		75		76 ATTENDING NPI 1144527466		QUAL	
c. OTHER PROCEDURE CODE DATE B24BYZZ 122921		d. OTHER PROCEDURE CODE DATE 05HM33Z 122921		e. OTHER PROCEDURE CODE DATE B5131ZA 122921				LAST HERNANDEZ ROSAD		FIRST LUIS	
								77 OPERATING NPI 1356302400		QUAL	
								LAST HEYCK		FIRST THOMAS	

80 REMARKS		b1 CC a B282N00000	b	c	d	78 OTHER NPI	QUAL		LAST	FIRST
						79 OTHER NPI	QUAL		LAST	FIRST

HCT #			JACKSON HEALTH SYSTEM			PAGE NO.	
1611 NW 12TH AVENUE			MIAMI, FL			331361005	
877 881-6177			FEI # 591713947			BIRTH-DATE	
09/09/85						HOSP. NO.	
TYPE OF BILL			DATE OF BILL			DATE OF PREV. BILL	
FINAL			01/19/22				
INS.			A/R				

I	Y	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		SUDRAJAT ,AJAT	40020130467	M	36	12/23/21	01/06/22	14

GUAR PH: (305)294-3288

GUARANTOR NAME AND ADDRESS	AJAT SUDRAJAT UNKNOWN ADDRESS MIAMI FL 00000 UNITED STATES	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	Z06 INTL MISC INS		CC110131
HERNANDEZ ROSADO, LUIS					

AMOUNT OF PAYMENT	\$
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DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS								
12/23	2420389 001		3.85	3.85				
	NITROGLYCERIN SUBL 0.D00321							
12/23	2421825 002		20.10	20.10				
	FUROSEM, 20 MG-10MG/MLJ1940							
12/23	2421825 002		20.10	20.10				
	FUROSEM, 20 MG-10MG/MLJ1940							
12/23	2422578 001		24.85	24.85				
	LABETOLOL 4MG/ML 5MLCAJ3490							
12/23	2422659 001		5.95	5.95				
	ALBUTEROL/IPRATROPIUM 3							
12/23	2423004 001		31.60	31.60				
	DEXTROSE SYRINGE 50							
12/23	2423353 005		78.25	78.25				
	CALCIUM GLU 1 G/50 ML J0610							
12/23	2426103 002		16.50	16.50				
	INSULIN REG HUM 5U- 00J1815							
12/23	2426681 001		82.50	82.50				
	INFUS, D5W, 1000 CC INJ7070							
12/23	2427009 001		39.60	39.60				
	SOD BICARB 50ML DISP8.D00440							
12/23	2427009 001		39.60	39.60				
	SOD BICARB 50ML DISP8.D00440							
12/23	2427079 003		115.15	115.15				
	SOD BICARBONATE 50D00440							
12/24	2420015 001		51.80	51.80				
	HYDRALAZINE HCL 20MG-IJ0360							
12/24	2420015 001		51.80	51.80				
	HYDRALAZINE HCL 20MG-IJ0360							
12/24	2421825 002		20.10	20.10				
	FUROSEM, 20 MG-10MG/MLJ1940							
12/24	2421825 002		20.10	20.10				
	FUROSEM, 20 MG-10MG/MLJ1940							
12/24	2422196 001		16.50	16.50				
	FAMOTIDINE I.V. 10MG/MJ3490							

PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.
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HCI #			JACKSON HEALTH SYSTEM			PAGE NO.	
1611 NW 12TH AVENUE			MIAMI, FL			3	
877 881-6177			FEI # 591713947			331361005	
BIRTH-DATE			09/09/85			HOSP. NO.	
INS. A/R							

I	Y	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		SUDRAJAT, AJAT	40020130467	M	36	12/23/21	01/06/22	14

GUAR PH: (305)294-3288

GUARANTOR NAME AND ADDRESS	AJAT SUDRAJAT UNKNOWN ADDRESS MIAMI FL 00000 UNITED STATES	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	Z06 INTL MISC INS		CC110131
HERNANDEZ ROSADO, LUIS					

AMOUNT OF PAYMENT	\$
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DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
12/25	2422196 001		16.50	16.50				
	FAMOTIDINE I.V. 10MG/MJ3490							
12/25	2422578 001		24.85	24.85				
	LABETOLOL 4MG/ML 5MLCAJ3490							
12/25	2422659 001		5.95	5.95				
	ALBUTERO/IPRATROPIUM 3							
12/25	2422659 001		5.95	5.95				
	ALBUTERO/IPRATROPIUM 3							
12/25	2422659 001		5.95	5.95				
	ALBUTERO/IPRATROPIUM 3							
12/25	2422659 001		5.95	5.95				
	ALBUTERO/IPRATROPIUM 3							
12/25	2423205 004		16.50	16.50				
	CEFTRIAZONE SOD 250MG-J0696							
12/25	2426326 005		16.50	16.50				
	HEPARIN SODIUM,1000U-5J1644							
12/25	2426326 005		16.50	16.50				
	HEPARIN SODIUM,1000U-5J1644							
12/25	2426326 005		16.50	16.50				
	HEPARIN SODIUM,1000U-5J1644							
12/26	2421825 002		20.10	20.10				
	FUROSEM, 20 MG-10MG/MLJ1940							
12/26	2421825 002		20.10	20.10				
	FUROSEM, 20 MG-10MG/MLJ1940							
12/26	2421825 002		20.10	20.10				
	FUROSEM, 20 MG-10MG/MLJ1940							
12/26	2422196 001		16.50	16.50				
	FAMOTIDINE I.V. 10MG/MJ3490							
12/26	2422659 001		5.95	5.95				
	ALBUTERO/IPRATROPIUM 3							
12/26	2422659 001		5.95	5.95				
	ALBUTERO/IPRATROPIUM 3							

PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.
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HCI #			JACKSON HEALTH SYSTEM			PAGE NO.	
			1611 NW 12TH AVENUE			5	
			MIAMI, FL			331361005	
TYPE OF BILL			DATE OF BILL			DATE OF PREV. BILL	
FINAL			01/19/22				
INS.			A/R			BIRTH-DATE	
			FEI # 591713947			09/09/85	
						HOSP. NO.	

I	Y	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		SUDRAJAT, AJAT	40020130467	M	36	12/23/21	01/06/22	14

GUAR PH: (305)294-3288

GUARANTOR NAME AND ADDRESS	AJAT SUDRAJAT UNKNOWN ADDRESS MIAMI FL 00000 UNITED STATES	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	Z06 INTL MISC INS		CC110131
		HERNANDEZ ROSADO, LUIS			

AMOUNT OF PAYMENT	\$
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DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
12/27	2426326 005		16.50	16.50				
HEPARIN	SODIUM,1000U-5J1644							
12/28	2421083 200		396.00	396.00				
IRON	SUCROSE 1MG-100MGJ1756							
12/28	2421083 200		396.00	396.00				
IRON	SUCROSE 1MG-100MGJ1756							
12/28	2421825 002		20.10	20.10				
FUROSEM,	20 MG-10MG/MLJ1940							
12/28	2421825 002		20.10	20.10				
FUROSEM,	20 MG-10MG/MLJ1940							
12/28	2422659 001		5.95	5.95				
ALBUTEROL	/IPRATROPIUM 3							
12/28	2422659 001		5.95	5.95				
ALBUTEROL	/IPRATROPIUM 3							
12/28	2422659 001		5.95	5.95				
ALBUTEROL	/IPRATROPIUM 3							
12/28	2422659 001		5.95	5.95				
ALBUTEROL	/IPRATROPIUM 3							
12/28	2426326 005		16.50	16.50				
HEPARIN	SODIUM,1000U-5J1644							
12/28	2426326 005		16.50	16.50				
HEPARIN	SODIUM,1000U-5J1644							
12/28	2426326 005		16.50	16.50				
HEPARIN	SODIUM,1000U-5J1644							
12/28	2426679 001		82.50	82.50				
INFUS	NSS 0.9%100ML BA							
12/28	2426679 001		82.50	82.50				
INFUS	NSS 0.9%100ML BA							
12/29	2420217 010		28.80	28.80				
HEPARIN	SOD 1,000 UNITJ1644							
12/29	2421083 200		396.00	396.00				
IRON	SUCROSE 1MG-100MGJ1756							
12/29	2421825 002		20.10	20.10				
FUROSEM,	20 MG-10MG/MLJ1940							

PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED. OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.
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HCI #			JACKSON HEALTH SYSTEM			PAGE NO.	
			1611 NW 12TH AVENUE			7	
			MIAMI, FL			331361005	
TYPE OF BILL			DATE OF BILL			DATE OF PREV. BILL	
FINAL			01/19/22				
INS.			A/R			BIRTH-DATE	
			FEI # 591713947			09/09/85	
						HOSP. NO.	

I	Y	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		SUDRAJAT, AJAT	40020130467	M	36	12/23/21	01/06/22	14

GUAR PH: (305)294-3288

GUARANTOR NAME AND ADDRESS	AJAT SUDRAJAT UNKNOWN ADDRESS MIAMI FL 00000 UNITED STATES	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	Z06 INTL MISC INS		CC110131
		HERNANDEZ ROSADO, LUIS			

AMOUNT OF PAYMENT	\$
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DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
12/30	2426326 005		16.50	16.50				
HEPARIN SODIUM,1000U-5J1644								
12/30	2426679 001		82.50	82.50				
INFUS NSS 0.9%100ML BA								
12/31	2421083 200		396.00	396.00				
IRON SUCROSE 1MG-100MGJ1756								
12/31	2421825 002		20.10	20.10				
FUROSEM, 20 MG-10MG/MLJ1940								
12/31	2421825 002		20.10	20.10				
FUROSEM, 20 MG-10MG/MLJ1940								
12/31	2426326 005		16.50	16.50				
HEPARIN SODIUM,1000U-5J1644								
12/31	2426326 005		16.50	16.50				
HEPARIN SODIUM,1000U-5J1644								
12/31	2426326 005		16.50	16.50				
HEPARIN SODIUM,1000U-5J1644								
12/31	2426679 001		82.50	82.50				
INFUS NSS 0.9%100ML BA								
01/01	2421825 002		20.10	20.10				
FUROSEM, 20 MG-10MG/MLJ1940								
01/01	2421825 002		20.10	20.10				
FUROSEM, 20 MG-10MG/MLJ1940								
01/01	2422659 001		5.95	5.95				
ALBUTEROL/IPRATROPIUM 3								
01/01	2422659 001		5.95	5.95				
ALBUTEROL/IPRATROPIUM 3								
01/01	2426326 005		16.50	16.50				
HEPARIN SODIUM,1000U-5J1644								
01/01	2426326 005		16.50	16.50				
HEPARIN SODIUM,1000U-5J1644								
01/01	2426326 005		16.50	16.50				
HEPARIN SODIUM,1000U-5J1644								
01/02	2421825 002		20.10	20.10				
FUROSEM, 20 MG-10MG/MLJ1940								

PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.
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HCI #			JACKSON HEALTH SYSTEM			PAGE NO.	
1611 NW 12TH AVENUE			MIAMI, FL			9	
877 881-6177			FEI # 591713947			331361005	
BIRTH-DATE			09/09/85			HOSP. NO.	
INS.			A/R				

I	Y	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		SUDRAJAT ,AJAT	40020130467	M	36	12/23/21	01/06/22	14

GUAR PH: (305)294-3288

GUARANTOR NAME AND ADDRESS	AJAT SUDRAJAT UNKNOWN ADDRESS MIAMI FL 00000 UNITED STATES	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	Z06 INTL MISC INS		CC110131
HERNANDEZ ROSADO, LUIS					

AMOUNT OF PAYMENT	\$
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DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
01/04	2422659 001		5.95	5.95				
01/04	ALBUTEROL/IPRATROPIUM 3							
01/04	2426326 005		16.50	16.50				
01/04	HEPARIN SODIUM,1000U-5J1644							
01/04	2426326 005		16.50	16.50				
01/04	HEPARIN SODIUM,1000U-5J1644							
01/04	2426326 005		16.50	16.50				
01/04	HEPARIN SODIUM,1000U-5J1644							
01/05	2421825 002		20.10	20.10				
01/05	FUROSEM, 20 MG-10MG/MLJ1940							
01/05	2422659 001		5.95	5.95				
01/05	ALBUTEROL/IPRATROPIUM 3							
01/05	2422659 001		5.95	5.95				
01/05	ALBUTEROL/IPRATROPIUM 3							
01/05	2422659 001		5.95	5.95				
01/05	ALBUTEROL/IPRATROPIUM 3							
01/05	2426326 005		16.50	16.50				
01/05	HEPARIN SODIUM,1000U-5J1644							
01/05	2426326 005		16.50	16.50				
01/05	HEPARIN SODIUM,1000U-5J1644							
01/05	2426326 005		16.50	16.50				
01/05	HEPARIN SODIUM,1000U-5J1644							
01/06	2421825 002		20.10	20.10				
01/06	FUROSEM, 20 MG-10MG/MLJ1940							
01/06	2422659 001		5.95	5.95				
01/06	ALBUTEROL/IPRATROPIUM 3							
01/06	2422659 001		5.95	5.95				
01/06	ALBUTEROL/IPRATROPIUM 3							
01/06	2422659 001		5.95	5.95				
01/06	ALBUTEROL/IPRATROPIUM 3							
01/06	2423174 002		33.00	33.00				
01/06	SODIUM CITRATE 4% PF I							
01/06	2423174 002		33.00	33.00				
01/06	SODIUM CITRATE 4% PF I							

PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.
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HCI #			JACKSON HEALTH SYSTEM			PAGE NO.	
			1611 NW 12TH AVENUE			11	
			MIAMI, FL			331361005	
			877 881-6177			BIRTH-DATE	
			FEI # 591713947			09/09/85	
TYPE OF BILL			DATE OF BILL			DATE OF PREV. BILL	
FINAL			01/19/22				
INS.			A/R				

I	Y	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		SUDRAJAT, AJAT	40020130467	M	36	12/23/21	01/06/22	14

GUAR PH: (305)294-3288

GUARANTOR NAME AND ADDRESS	AJAT SUDRAJAT UNKNOWN ADDRESS MIAMI FL 00000 UNITED STATES	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	Z06 INTL MISC INS		CC110131
HERNANDEZ ROSADO, LUIS					

AMOUNT OF PAYMENT	\$
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DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
12/23	1310008 001		81.00	81.00				
METHEMOGLOBIN		83050						
12/23	1310008 001		81.00	81.00				
METHEMOGLOBIN		83050						
12/23	1310029 001		180.00	180.00				
RESUS ELECTROLYTE PANE		80051						
12/23	1310034 001		59.00	59.00				
RESUS GLUCOSE		82947						
12/23	1310036 001		212.00	212.00				
RESUS CALCIUM IONIZED		82330						
12/23	1310100 001		355.00	355.00				
BG WITH CALC O2 SAT CA		82803						
12/23	1310100 001		355.00	355.00				
BG WITH CALC O2 SAT CA		82803						
12/23	1790008 001		221.00	221.00				
TROPONIN I POC		84484						
12/23	1790011 001		63.00	63.00				
SODIUM POC		84295						
12/23	1790011 001		63.00	63.00				
SODIUM POC		84295						
12/23	1790012 001		68.00	68.00				
POTASSIUM POC		84132						
12/23	1790013 001		196.00	196.00				
IONIZED CALCIUM POC		82330						
12/23	1790013 001		196.00	196.00				
IONIZED CALCIUM POC		82330						
12/23	1790015 001		54.00	54.00				
GLUCOSE, WHOLE BLOOD Q		82947						
12/23	1790015 001		54.00	54.00				
GLUCOSE, WHOLE BLOOD Q		82947						
12/23	1790019 001		327.00	327.00				
BLOOD GAS WITH MEASURE		82805						
12/23	1790019 001		327.00	327.00				
BLOOD GAS WITH MEASURE		82805						

PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED. OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.
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HCI #			JACKSON HEALTH SYSTEM			PAGE NO.	
1611 NW 12TH AVENUE			MIAMI, FL			13	
877 881-6177			FEI # 591713947			331361005	
BIRTH-DATE			09/09/85			HOSP. NO.	
INS. A/R							

I	Y	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		SUDRAJAT, AJAT	40020130467	M	36	12/23/21	01/06/22	14

GUAR PH: (305)294-3288

GUARANTOR NAME AND ADDRESS	AJAT SUDRAJAT UNKNOWN ADDRESS MIAMI FL 00000 UNITED STATES	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	Z06 INTL MISC INS		CC110131
HERNANDEZ ROSADO, LUIS					

AMOUNT OF PAYMENT	\$
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DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
12/23	1823556 001		91.00	91.00				
	URINALYSIS WITHOUT MIC	81003						
12/23	1823589 001		207.00	207.00				
	B-TYPE NATRIURETIC PEP	83880						
12/23	1823589 001		207.00	207.00				
	B-TYPE NATRIURETIC PEP	83880						
12/23	1823914 001		95.00	95.00				
	MICROSCOPIC URINE	81015						
12/23	1823919 001		175.00	175.00				
	HEP B SURFACE ANTIGEN	87340						
12/23	1824004 001		218.00	218.00				
	ETHANOL/ALCOHOL QUANT	G0480						
12/23	1825069 001		454.00	454.00				
	COMP METABOLIC PANEL	80053						
12/23	1825069 001		454.00	454.00				
	COMP METABOLIC PANEL	80053						
12/23	1832218 001		209.00	209.00				
	CBC W AUTO DIFF	85025						
12/23	1832218 001		209.00	209.00				
	CBC W AUTO DIFF	85025						
12/23	1832246 001		32.00	32.00				
	HEMATOCRIT	85014						
12/23	1832263 001		76.00	76.00				
	PROTHROMBIN TIME	85610						
12/23	1832264 001		94.00	94.00				
	PTT	85730						
12/23	1832272 001		75.00	75.00				
	SEDIMENTATION RATE AUT	85652						
12/23	1840139 001		145.00	145.00				
	COVID19 PANEL	U0004						
12/23	1844702 001		341.00	341.00				
	BLOOD CULTURE AEROBIC	87040						
12/23	1851604 001		79.00	79.00				
	DS-DNA	86235						

PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.
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HCI #			JACKSON HEALTH SYSTEM			PAGE NO.	
1611 NW 12TH AVENUE			MIAMI, FL			15	
877 881-6177			FEI # 591713947			331361005	
BIRTH-DATE			09/09/85			HOSP. NO.	
INS.			A/R				

I	Y	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		SUDRAJAT ,AJAT	40020130467	M	36	12/23/21	01/06/22	14

GUAR PH: (305)294-3288

GUARANTOR NAME AND ADDRESS	AJAT SUDRAJAT UNKNOWN ADDRESS MIAMI FL 00000 UNITED STATES	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		I	Z06 INTL MISC INS		CC110131
HERNANDEZ ROSADO, LUIS					

AMOUNT OF PAYMENT	\$
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DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
12/24	1790035 001		133.00	133.00				
	CARBOXYHEMOGLOBIN POC	82375						
12/24	1790036 001		75.00	75.00				
	METHEMOGLOBIN POC	83050						
12/24	1790036 001		75.00	75.00				
	METHEMOGLOBIN POC	83050						
12/24	1790036 001		75.00	75.00				
	METHEMOGLOBIN POC	83050						
12/24	1790036 001		75.00	75.00				
	METHEMOGLOBIN POC	83050						
12/24	1820066 001		407.00	407.00				
	DRUG TEST PRSMV CHEM	A80307						
12/24	1823480 001		120.00	120.00				
	MAGNESIUM, SERUM	83735						
12/24	1823489 001		72.00	72.00				
	PHOSPHORUS, SERUM	84100						
12/24	1823513 001		221.00	221.00				
	TROPONIN I QUANT	84484						
12/24	1823513 001		221.00	221.00				
	TROPONIN I QUANT	84484						
12/24	1823513 001		221.00	221.00				
	TROPONIN I QUANT	84484						
12/24	1825057 001		99.00	99.00				
	TSH-THYROID STIM HORMO	84443						
12/24	1825069 001		454.00	454.00				
	COMP METABOLIC PANEL	80053						
12/24	1832218 001		209.00	209.00				
	CBC W AUTO DIFF	85025						
12/24	1832246 001		32.00	32.00				
	HEMATOCRIT	85014						
12/24	1832246 001		32.00	32.00				
	HEMATOCRIT	85014						
12/24	1832661 001		32.00	32.00				
	HEMOGLOBIN MANUAL	85018						

PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.
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HCI #			JACKSON HEALTH SYSTEM			PAGE NO.	
			1611 NW 12TH AVENUE			17	
			MIAMI, FL			331361005	
TYPE OF BILL			DATE OF BILL			DATE OF PREV. BILL	
FINAL			01/19/22				
INS.			A/R			BIRTH-DATE	
			FEI # 591713947			09/09/85	
HOSP. NO.							

I	Y	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		SUDRAJAT ,AJAT	40020130467	M	36	12/23/21	01/06/22	14

GUAR PH: (305)294-3288

GUARANTOR NAME AND ADDRESS	AJAT SUDRAJAT UNKNOWN ADDRESS MIAMI FL 00000 UNITED STATES	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	Z06 INTL MISC INS		CC110131
HERNANDEZ ROSADO, LUIS					

AMOUNT OF PAYMENT	\$
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DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
12/26	1825069 001		454.00	454.00				
	COMP METABOLIC PANEL	80053						
12/26	1828093 001		61.00	61.00				
	PARATHYROID HORMONE	83970						
12/26	1832218 001		209.00	209.00				
	CBC W AUTO DIFF	85025						
12/26	1850220 001		141.00	141.00				
	EIA HIV-1&HIV-2 AB SNG	87389						
12/26	1852327 001		79.00	79.00				
	ANCA CONFIRMATORY MPO	86235						
12/26	1852328 001		79.00	79.00				
	ANCA CONFIRMATORY MPO	86235						
12/27	1823480 001		120.00	120.00				
	MAGNESIUM, SERUM	83735						
12/27	1825069 001		454.00	454.00				
	COMP METABOLIC PANEL	80053						
12/27	1832218 001		209.00	209.00				
	CBC W AUTO DIFF	85025						
12/27	1851809 001		79.00	79.00				
	EXTRACTABLE NUCLEAR	AG86235						
12/27	1851810 001		79.00	79.00				
	EXTRACTABLE NUCLEAR	AG86235						
12/27	1851811 001		79.00	79.00				
	EXTRACTABLE NUCLEAR	AG86235						
12/27	1851812 001		79.00	79.00				
	EXTRACTABLE NUCLEAR	AG86235						
12/27	1851813 001		79.00	79.00				
	EXTRACTABLE NUCLEAR	AG86235						
12/27	1851814 001		79.00	79.00				
	EXTRACTABLE NUCLEAR	AG86235						
12/27	1851815 001		79.00	79.00				
	EXTRACTABLE NUCLEAR	AG86235						
12/28	1823581 001		368.00	368.00				
	RENAL FUNCTION PANEL	80069						

PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.
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HCI #			JACKSON HEALTH SYSTEM			PAGE NO.	
1611 NW 12TH AVENUE			MIAMI, FL			19	
877 881-6177			FEI # 591713947			331361005	
BIRTH-DATE			09/09/85			HOSP. NO.	
INS.			A/R				

I	Y	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		SUDRAJAT ,AJAT	40020130467	M	36	12/23/21	01/06/22	14

GUAR PH: (305)294-3288

GUARANTOR NAME AND ADDRESS	AJAT SUDRAJAT UNKNOWN ADDRESS MIAMI FL 00000 UNITED STATES	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	Z06 INTL MISC INS		CC110131
HERNANDEZ ROSADO, LUIS					

AMOUNT OF PAYMENT	\$
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DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
01/05	1823900 001		314.00	314.00				
	BASIC METABOLIC PANEL	80048						
01/05	1832218 001		209.00	209.00				
	CBC W AUTO DIFF	85025						
12/23	2711010 001		391.00	391.00				
	CHEST 1 VIEW	71045						
12/24	2711010 001		391.00	391.00				
	CHEST 1 VIEW	71045						
01/01	2711010 001		391.00	391.00				
	CHEST 1 VIEW	71045						
01/02	2711010 001		391.00	391.00				
	CHEST 1 VIEW	71045						
12/24	2806800 001		1981.00	1981.00				
	CT CHEST DGNSTIC W/O C	71250						
12/29	2845129 001		3300.00	3300.00				
	TUNNELED CATH W/O PORT	36558						
12/23	0314016 001		129.00	129.00				
	ELECTRONIC CROSSMATCH	86923						
12/24	0310385 001		431.00	431.00				
	LEUKOPOR RED CELLS	P9016						
12/24	0310385 001		431.00	431.00				
	LEUKOPOR RED CELLS	P9016						
12/24	0314016 001		129.00	129.00				
	ELECTRONIC CROSSMATCH	86923						
12/23	2859290 001		755.00	755.00				
	SONOGRAM, RETROPERITIO	76770						
12/23	1310018 001		965.00	965.00				
	CPAP	94660						
12/23	1310031 001		295.00	295.00				
	AEROSOL INHALATION TRE	94640						
12/24	1310018 001		965.00	965.00				
	CPAP	94660						
12/24	1310031 001		295.00	295.00				
	AEROSOL INHALATION TRE	94640						

PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.
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HCI #			JACKSON HEALTH SYSTEM			PAGE NO.	
1611 NW 12TH AVENUE			MIAMI, FL			21	
877 881-6177			FEI # 591713947			331361005	
BIRTH-DATE			09/09/85			HOSP. NO.	
HOSP. NO.							

I	Y	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		SUDRAJAT, AJAT	40020130467	M	36	12/23/21	01/06/22	14

GUAR PH: (305)294-3288

GUARANTOR NAME AND ADDRESS	AJAT SUDRAJAT UNKNOWN ADDRESS MIAMI FL 00000 UNITED STATES	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	Z06 INTL MISC INS		CC110131
HERNANDEZ ROSADO, LUIS					

AMOUNT OF PAYMENT	\$
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DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
12/27	1310031 001		295.00	295.00				
AEROSOL INHALATION	TRE94640							
12/27	1310031 001		295.00	295.00				
AEROSOL INHALATION	TRE94640							
12/27	1310031 001		295.00	295.00				
AEROSOL INHALATION	TRE94640							
12/28	1310031 001		295.00	295.00				
AEROSOL INHALATION	TRE94640							
12/28	1310031 001		295.00	295.00				
AEROSOL INHALATION	TRE94640							
12/28	1310031 001		295.00	295.00				
AEROSOL INHALATION	TRE94640							
12/28	1310031 001		295.00	295.00				
AEROSOL INHALATION	TRE94640							
12/28	1310031 001		295.00	295.00				
AEROSOL INHALATION	TRE94640							
12/28	1310031 001		295.00	295.00				
AEROSOL INHALATION	TRE94640							
12/29	1310031 001		295.00	295.00				
AEROSOL INHALATION	TRE94640							
12/30	1310031 001		295.00	295.00				
AEROSOL INHALATION	TRE94640							
01/01	1310031 001		295.00	295.00				
AEROSOL INHALATION	TRE94640							
01/01	1310031 001		295.00	295.00				
AEROSOL INHALATION	TRE94640							
01/02	1310031 001		295.00	295.00				
AEROSOL INHALATION	TRE94640							
01/02	1310031 001		295.00	295.00				
AEROSOL INHALATION	TRE94640							
01/03	1310031 001		295.00	295.00				
AEROSOL INHALATION	TRE94640							
01/04	1310031 001		295.00	295.00				
AEROSOL INHALATION	TRE94640							
01/04	1310031 001		295.00	295.00				
AEROSOL INHALATION	TRE94640							

PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.
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HCI #			JACKSON HEALTH SYSTEM			PAGE NO.	
TYPE OF BILL			1611 NW 12TH AVENUE			23	
DATE OF BILL			MIAMI, FL			331361005	
DATE OF PREV. BILL			877 881-6177			BIRTH-DATE	
FINAL			01/19/22			09/09/85	
INS.			A/R			HOSP. NO.	
			FEI # 591713947				

I	Y	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		SUDRAJAT ,AJAT	40020130467	M	36	12/23/21	01/06/22	14

GUAR PH: (305)294-3288

GUARANTOR NAME AND ADDRESS	AJAT SUDRAJAT UNKNOWN ADDRESS MIAMI FL 00000 UNITED STATES	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	Z06 INTL MISC INS		CC110131
HERNANDEZ ROSADO, LUIS					

AMOUNT OF PAYMENT	\$
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DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
12/30	4810260 001		197.00	197.00				
	THER ACT; FUNCT/DYN, EA	97530						
12/30	4810362 001		446.00	446.00				
	OT EVAL INTERMEDIATE	97166						
01/03	4810260 002		394.00	394.00				
	THER ACT; FUNCT/DYN, EA	97530						
01/04	4810260 001		197.00	197.00				
	THER ACT; FUNCT/DYN, EA	97530						
01/04	4810290 001		185.00	185.00				
	THER EX; STR, END, ROM, EA	97110						
01/05	4810240 001		162.00	162.00				
	SLF CARE, HM MNG, EQU	TR97535						
01/05	4810290 001		185.00	185.00				
	THER EX; STR, END, ROM, EA	97110						
01/06	4810240 001		162.00	162.00				
	SLF CARE, HM MNG, EQU	TR97535						
01/06	4810290 001		185.00	185.00				
	THER EX; STR, END, ROM, EA	97110						
12/23	1110094 001		1857.00	1857.00				
	ER LEVEL V	99285						
12/24	2789789 001		2573.00	2573.00				
	2D ECHO W/DOPPLER + COC	8929						
12/23	2423813 002		151.35	151.35				
	SPS SUSP 15GM/60ML UD							
12/24	2423255 002		27.90	27.90				
	AZITHROMYCIN 250MG	TABD00091						
12/25	2423255 002		27.90	27.90				
	AZITHROMYCIN 250MG	TABD00091						
12/26	2423255 002		27.90	27.90				
	AZITHROMYCIN 250MG	TABD00091						
12/28	2422240 001		8.00	8.00				
	FAMOTIDINE 20MG TAB	U/D00141						
12/28	2428588 040		174.75	174.75				
	EPOETINA-EPBX 4KUNIT	IQ5105						

PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED. OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.
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HCI #

JACKSON HEALTH SYSTEM
 1611 NW 12TH AVENUE
 MIAMI, FL
 877 881-6177
 FEI # 591713947

PAGE NO.
25

331361005

BIRTH-DATE

09/09/85

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL
FINAL	01/19/22	
INS.	A/R	

I	Y	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		SUDRAJAT, AJAT	40020130467	M	36	12/23/21	01/06/22	14

GUAR PH: (305)294-3288

GUARANTOR NAME AND ADDRESS	C.O.B	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
AJAT SUDRAJAT UNKNOWN ADDRESS MIAMI FL 00000 UNITED STATES	1	Z06 INTL MISC INS		CC110131
HERNANDEZ ROSADO, LUIS				

AMOUNT OF PAYMENT	\$
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DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
01/04	2426704 001		4.10	4.10				
	METOPROLOL XL 25MG TABD00134							
01/05	2422240 001		8.00	8.00				
	FAMOTIDINE 20MG TAB U/D00141							
01/05	2426704 001		4.10	4.10				
	METOPROLOL XL 25MG TABD00134							
01/05	2426704 001		4.10	4.10				
	METOPROLOL XL 25MG TABD00134							
01/05	2428588 040		174.75	174.75				
	EPOETINA-EPBX 4KUNIT IQ5105							
01/06	2420312 002		37.00	37.00				
	SEVELAMER CARBONATE -8							
01/06	2422240 001		8.00	8.00				
	FAMOTIDINE 20MG TAB U/D00141							
01/06	2426704 001		4.10	4.10				
	METOPROLOL XL 25MG TABD00134							
12/23	0810150 001		300.00	300.00				
	ELECTROCARDIOGRAM, 12 L93005							
12/24	0710055 001		1143.00	1143.00				
	INPT HEMODIALYSIS 90935							
12/24	0710055 001		1143.00	1143.00				
	INPT HEMODIALYSIS 90935							
12/27	0710055 001		1143.00	1143.00				
	INPT HEMODIALYSIS 90935							
12/29	0710055 001		1143.00	1143.00				
	INPT HEMODIALYSIS 90935							
12/30	0710055 001		1143.00	1143.00				
	INPT HEMODIALYSIS 90935							
12/31	0710055 001		1143.00	1143.00				
	INPT HEMODIALYSIS 90935							
01/03	0710055 001		1143.00	1143.00				
	INPT HEMODIALYSIS 90935							
01/05	0710055 001		1143.00	1143.00				
	INPT HEMODIALYSIS 90935							

PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.
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HCI #			JACKSON HEALTH SYSTEM			PAGE NO.	
1611 NW 12TH AVENUE			MIAMI, FL			27	
877 881-6177			FEI # 591713947			331361005	
BIRTH-DATE			09/09/85			HOSP.NO.	
INS. A/R							

I	Y	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		SUDRAJAT, AJAT	40020130467	M	36	12/23/21	01/06/22	14

GUAR PH: (305)294-3288

GUARANTOR NAME AND ADDRESS	AJAT SUDRAJAT UNKNOWN ADDRESS MIAMI FL 00000 UNITED STATES	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	Z06 INTL MISC INS		CC110131
		HERNANDEZ ROSADO, LUIS			

AMOUNT OF PAYMENT	\$
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DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
	SUMMARY OF PAY/ADJ		42092.55	42092.55				
	SUMMARY OF CHARGES							
	R&C INTENSI 2DAYS@	6491.00	12982.00	12982.00				
	R&C PRIVATE 12DAYS@	1815.00	21780.00	21780.00				
	OTHER SURGERY		3300.00	3300.00				
	EMERGENCY ROOM		1857.00	1857.00				
	MED/SURG SUPPLIES		441.02	441.02				
	BLOOD		1120.00	1120.00				
	LAB		21164.00	21164.00				
	IMAGING/X-RAY		4300.00	4300.00				
	PHARMACY		7496.35	7496.35				
	RESP/PULMONARY		14910.00	14910.00				
	CARDIOLOGY		2873.00	2873.00				
	PT/OT/SPEECH THRPY		4029.00	4029.00				
	DIALYSIS		9144.00	9144.00				
	SUB-TOTAL OF CHARGES		105396.37	105396.37				
	GUAR RELATIONSHIP:		SEX: M	GUAR NO:				
	ACC-DATE:	TYPE:	TIME:	PLACE:	EMPL REL:			
	DSCH/FINAL DIAGNOSIS: N17.9		ACUTE KIDNEY FAILURE, UNSPECIFIED					
	ADM. DIAGNOSIS: R06.02		SHORTNESS OF BREATH					
	PROCEDURE: 0JH63XZ 12/29/21		INSERT OF TUNNEL VAD INTO CHEST SUBCU/FASCIA, PERC A					
	5A1D70Z 12/23/21		PERFORMANCE OF URINARY FILTRATION, <6 HRS/DAY					
	A PUBLIC HOSPITAL LICENSED BY THE STATE OF FLORIDA							

TOTALS			63303.82	63303.82				
PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED. OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.						

JACKSON HEALTH SYSTEM
MIAMI, FL

HCI #

JACKSON HEALTH SYSTEM
 1611 NW 12TH AVENUE
 MIAMI, FL
 877 881-6177
 FEI # 591713947

331361005

BIRTH-DATE

09/09/85

PAGE NO.
29

HOSP. NO.

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL
FINAL	01/19/22	
INS.	A/R	

I	Y	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		SUDRAJAT, AJAT	40020130467	M	36	12/23/21	01/06/22	14

GUAR PH: (305)294-3288

GUARANTOR NAME AND ADDRESS	C.O.B	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
AJAT SUDRAJAT UNKNOWN ADDRESS MIAMI FL 00000 UNITED STATES	1	Z06 INTL MISC INS		CC110131
	HERNANDEZ ROSADO, LUIS			

AMOUNT OF PAYMENT	\$
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DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
	BILLING ABSTRACT							
	ALTERNATE CARE: DISCHARGE DESTINATION: ATR ADDRESSES: PATIENT: AJAT SUDRAJAT UNKNOWN ADDRESS MIAMI FL 00000 UNITED STATES PT. EMPLOYER: CRYSTAL CRUISES							

PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.
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HCI #			JACKSON HEALTH SYSTEM			PAGE NO.	
1611 NW 12TH AVENUE			331361005		31		
MIAMI, FL			BIRTH-DATE		HOSP. NO.		
877 881-6177			09/09/85				
FEI # 591713947							

I	Y	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		SUDRAJAT, AJAT	40020130467	M	36	12/23/21	01/06/22	14

GUAR PH: (305)294-3288

GUARANTOR NAME AND ADDRESS	AJAT SUDRAJAT UNKNOWN ADDRESS MIAMI FL 00000 UNITED STATES	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	Z06 INTL MISC INS		CC110131
HERNANDEZ ROSADO, LUIS					

AMOUNT OF PAYMENT	\$
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DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
		BILLING ABSTRACT						
			DAYS		DAYS			
			CERTIFIED		USED			
			U	FULLY UNCERTIFIED				
	PATIENT REVIEW STATUS:							

PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED. OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.
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Registered AR
Private & Confidential
By Email and Post

Mark C. Healy, Assignee
MICHAEL MOECKER & ASSOCIATED, INC
1885 Marina Mile Blvd, Suite 106
Fort Lauderdale, FL 33315
USA

10 June 2022

OVAG reference: 12687 006665
Provider's name: Jackson Memorial Hospital USA
Provider's reference: 40020130467
Your reference: Case No.: 2022-002742 CA 01
Patient name: Ajat Sudrajat (Employee at Crystal Cruises)
Outstanding balance: USD 105,396.37

Dear Sirs,

We represent the above medical provider in relation to the billing and collection of its international patients' accounts. The patient was treated at the above hospital and the enclosed invoices relating to that treatment remain unpaid, we have been advised by the carrier to submit these enclosed invoices to your office and hereby request that these be included in the proceedings and paid accordingly.

We have also enclosed the provider's letter of Authorization to mandate, Insurance letter of guarantee & Proof of claim.

Please pay the outstanding balance by bank transfer into the indicated bank account, mentioning the OVAG reference on the transaction. You may also send a cheque made payable to OVAG International to our address or, if you prefer to pay by credit card, please contact our office.

We await your response with regards to the details of the proceedings and the payment of the hospital invoices. Should you require any further information please do not hesitate to contact the undersigned.

Yours sincerely,

Wilson Dandey
OVAG International AG
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