

EXPOSURE

bold I had poison oak

Claim No: V04023776
Loss Date: 6/7/2004
Claimant: Anderson, Tiffany
Insured: Vector JPA

Claim Summary - Payments
1/1/1801 - 9/23/2014

Medical

Effective Date	Transaction Type	Check Number	Payee	From Through	Pay Amount	Running Total
8/25/2004	M47 - Physician	1042	CORKY HULL MEDICAL ASSOCIATES, INC.	6/2/1/2004 - 6/2/1/2004	59.29	59.29
10/7/2004	M47 - Physician	1152	CORKY HULL MEDICAL ASSOCIATES, INC.	6/9/2004 - 6/9/2004	76.50	135.79
Totals for Medical						\$135.79

Grand Totals **Total**
\$135.79

Payment Summary	
M47 - Physician	\$135.79
Total	\$135.79

*Payment transaction which has not been committed R-Transaction is a reversal F-Transaction is a refund X-Transaction is a reversed refund