



Notification
200 First Street SW
Rochester, Mn 55905

ATTN:		Date:	6/23/2015
Company	Maria	Fax:	952-238-0765
No. of Pages	2+ Any Attachments -- see fax page count for total number of pages		
Delivery Instructions	Routine		
Special Instructions:	Name:	Konarzewski, Mr. Leonardo	
	MC#:	09-030-806	
	Certification/Reference#: Leonardo Konarzewski 9-030-806		
From	RST Transplant Financial Services (A)	Fax:	507-284-5038
		Phone:	507-538-5429

Message:

Attached are the estimates as requested

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TRANSPLANT NOTIFICATION

PATIENT INFORMATION

Clinic Number: 09-030-806
Patient's Name: Konarzewski, Mr. Leonardo
Gender: Male
Marital Status: Single
DOB: 01/03/1994
Phone:
Address: Street Libia RUA Libia 125
Address Line 2:
City, State Zip: Porto Alegre, 91370210

Coordination of Benefits Order**Insurance Information**

<u>Order</u>	<u>Insurance Company Name</u>	<u>Insurance ID</u>	<u>Group Number</u>	<u>Group Name</u>
INS1	N/A -- Info not available	N/A -- Info not available	N/A -- Info not available	N/A -- Info not available

End of INSURANCE Information

