

Marion County Sheriff's Office

Post Office Box 1987
Ocala, Florida 34478-1987

COPY

12/04/2024

RECEIPT # 53908

CASH RECEIPT

<u>Received From:</u>	<u>Payment Type</u>	<u>Reference #</u>	<u>Amount Received</u>
CONCENTRA	Check	5004286896	472.00

Description:

REFUND DUE TO CHARGES IN ERROR JULY 2024

003-0000-000 208000.000 DUE TO BOCC
115-0000-000 208000.000 DUE TO BOCC

46.00
426.00

OHC of the Southwest, P.A. (TX)
4714 Gettysburg Road
Mechanicsburg, PA 17055

REMITTANCE ADVICE

MARION COUNTY SHERIFF'S OFFICE No. **5004286896**
Vendor Name: - REFUNDS Vendor No. 354009

Date: 14-NOV-2024

Invoice Number	Invoice Date	Vendor Account # / Description	Discount Amount	Net Amount
SUPOVP,MARIONCOUNTY07	25-OCT-2024	1242402587	0.00	472.00
RECEIVED NOV 25 2024 BY FISCAL				
Acct. Info. Redacted				
TOTALS			0.00	472.00

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND-NOT A WHITE BACKGROUND

OHC of the Southwest, P.A. (TX)
4714 Gettysburg Road
Mechanicsburg, PA 17055

Memo: 1242402587
PNC Bank, National Association 60-1273/313
Central, PA 040

No. **5004286896**

Date: 14-NOV-2024

Pay Four Hundred Seventy-Two Dollars And Zero Cents*****

\$ 472.00

To
The
Order
Of
MARION COUNTY SHERIFF'S OFFICE - REFUNDS
PO BOX 1987
OCALA, FL 34478

BY Christopher A Weigl

BY _____
Signature Required if Amount Over \$100,000.00



MARION COUNTY SHERIFF'S OFFICE - REFUNDS
PO BOX 1987
OCALA, FL 34478

Today's Date: November 14, 2024
Patient Name: SUPOVP, MARIONCOUNTY
Claim # & Invoice #: 1157155477
Policy # & Insurance ID #:
Our Account #: 1242402587
Refund Amount: \$ 472.00
Attached Refund Check #: 5004286896
Dates of Service: 07/23/24
Reference Check Number: 0359906
Reason for Refund: some charges were adjusted off, not completed
Check Date & Number:

RECEIVED

NOV 25 2024

BY FISCAL

Dear Sir or Madam,

Concentra has conducted an extensive audit of the above named patient account. After careful review, it has been determined that an overpayment exists on this account.

Enclosed please find a refund check in the amount of the overpayment. The reason for this refund (if identifiable) is listed above.

Should you have any questions regarding this refund, please call the Billing Office number at 1-800-686-0468 or email at GACBO_Refunds@concentra.com.

Thank You,

KATHY YAMASTA

wides - 2021 426.00
Morales - 3010 - 46.00

472.00



Marion County Sheriff's Office

Post Office Box 1987
Ocala, Florida 34478-1987

Truist Bank

CHECK NUMBER

0359906

VOID IF NOT CASHED WITHIN 60 Days

Date

Amount

8/21/2024

*****10,705.00

PAY ***Ten Thousand Seven Hundred Five and 00/100 Dollars***

TO THE
ORDER
OF

CONCENTRA
DBA CONCENTRA MEDICAL CENTERS
PO BOX 82549
HAPEVILLE, GA 30354-0549

Expense Clearing Account

⑈0359906 ⑈⑆063102152⑆

CONCENTRA

8/21/2024

0359906

Invoice Date	Description	Account	Invoice No.	Amount
8/01/2024	SERVICES RENDRED 07/01-07/31/2024		1157155477	10705.00

Concentra

INVOICE

Tax Id: 75-2014828
Account: N33-1242402587
Invoice: 1157155477 Balance: \$10705.00

Remit To: Occupational Health Centers of the Southwest, P.A.
PO Box 82549
Hapeville, GA 30354-0549
(800)686-0468
Invoice Date: 07/01/2024 - 07/31/2024
Date Printed: 08/01/2024

Bill To: Marion County Sheriff-FL
Attn: Monica Chisholm
PO Box 1987
Ocala, FL 34478-1987

Location: Marion County Sheriff
Attn: Monica Chisholm
692 NW 30th Ave
Ocala, FL 34475-5608

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE.

Table with 7 columns: Date, Name / PO Number, SSN / Birth date, Charge Description, Charge Amount, Pmts / Adjmnts. Contains 10 rows of patient billing information with handwritten PO numbers and checkmarks.

Remit To: Occupational Health Centers of the Southwest, P.A.
Account: N33-1242402587
Inv Date: 07/01/2024 - 07/31/2024

We appreciate your business. You can now pay online at https://payments.concentra.com/. Online payments must be made via credit card. Please contact our Central Business Office at 800-686-0468 for additional information.

Concentra

INVOICE

Tax Id: 75-2014828
Account: N33-1242402587
Invoice: 1157155477 Balance: \$10705.00

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(800)686-0468
Invoice Date: 07/01/2024 - 07/31/2024
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Bill To: Marion County Sheriff-FL
Attn: Monica Chisholm
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Ocala, FL 34478-1987

Location: Marion County Sheriff
Attn: Monica Chisholm
692 NW 30th Ave
Ocala, FL 34475-5608

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE.

Date	Name / PO Number	SSN / Birth date	Charge Description	Charge Amount	Pmts / Adjmts
07/22/2024	Vicente, Daniel J PrePl 3010	XXX-XX-1323 XX/XX/XXXX	Physical Exam Concentra Standard Phys PrePl-Sworn Officer Audiogram Complete Blood Count (CBC) w/Dif Comprehensive Metabolic Panel (C EKG Resting Hep B Recombivax (3 shots) #1 Physical Exam Concentra Standard Pulmonary Function Test Rapid mCup/10 Panel UDS T Spot TB Test 37737 Quest	359.00	✓
07/23/2024	Douglas, Justin R PrePl 2021	XXX-XX-2289 XX/XX/XXXX	Phys w/Lead & ZPP-Whole Blood Hemoglobin A1C (HA1)-Blood 496SB Physical Exam Concentra Standard Complete Blood Count (CBC) w/Dif Comprehensive Metabolic Panel (C Lead & ZPP-Whole Blood 22996 U/A Manual Microscopic 8563	528.00	
07/23/2024	McAlister-Zahner, Natha PrePl 3010	XXX-XX-1189 XX/XX/XXXX	Phys PrePl-Sworn Officer EKG Resting Physical Exam Concentra Standard Pulmonary Function Test Rapid mCup/10 Panel UDS T Spot TB Test 37737 Quest Comprehensive Metabolic Panel (C Audiogram Complete Blood Count (CBC) w/Dif	341.00	✓
07/23/2024	Morales Roman, Shan A PrePl 3010	XXX-XX-3418 XX/XX/XXXX	Phys PrePl-Sworn Officer Audiogram Complete Blood Count (CBC) w/Dif Comprehensive Metabolic Panel (C EKG Resting Physical Exam Concentra Standard Pulmonary Function Test Rapid mCup/10 Panel UDS T Spot TB Test 37737 Quest	341.00	✓
07/23/2024	polynice, lois L PrePl 3010	XXX-XX-9005 XX/XX/XXXX	Phys PrePl-Sworn Officer Complete Blood Count (CBC) w/Dif	290.00	✓

Remit To: Occupational Health Centers
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Inv Date: 07/01/2024 - 07/31/2024

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INVOICE

Tax Id: 75-2014828
Account: N33-1242402587
Invoice: 1157155477 **Balance:** \$10705.00

Remit To: Occupational Health Centers
of the Southwest, P.A.
PO Box 82549
Hapeville, GA 30354-0549
(800) 686-0468
Invoice Date: 07/01/2024 - 07/31/2024
Date Printed: 08/01/2024

Bill To: Marion County Sheriff-FL
Attn: Monica Chisholm
PO Box 1987
Ocala, FL 34478-1987

Location: Marion County Sheriff
Attn: Monica Chisholm
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Ocala, FL 34475-5608

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Date	Name / PO Number	SSN / Birth date	Charge Description	Charge Amount	Pmts / Adjmnts
07/31/2024	Sanchez-Weston, Gladys PrePl <i>3010</i>	XXX-XX-0720 XX/XX/XXXX	Phys PrePl-Civilan Physical Exam Concentra Standard Rapid mCup/10 Panel UDS T Spot TB Test 37737 Quest	175.00 ✓	
07/31/2024	Wiles, Shannon T PrePl <i>2021</i>	XXX-XX- XX/XX/XXXX	Phys w/Lead & ZPP-Whole Blood Lead & ZPP-Whole Blood 22996	213.00 ✓	

Balance Due: \$10705.00

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of the Southwest, P.A.
Account: N33-1242402587
Inv Date: 07/01/2024 - 07/31/2024

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