

Medical Billing Information

Patient Information

Name: Roger O'Kon

Address: 731 Mona Divide, Palm Springs, Florida 33461

Policy Number: 969d5f95-0262-416c-9b97-df444d7ba5a6

Claim Information

Claim Number: e77b94d4-86d7-4ad5-92ac-23ca290c489c

Claim Date: 2022-03-12

Provider Information

Provider Name: MCR HEALTH INC

Hospital: MCR HEALTH INC

Place of Service: 5600 BAYSHORE RD, PALMETTO, FL 342219352

Services

- 2022-04-09 - Routine antenatal care - Total Cost: \$3,375.68 - Insurance Paid: \$1,467.19 - Patient Owes: \$149.99
- 2021-11-03 - Care plan (record artifact) - Total Cost: \$543.70 - Insurance Paid: \$2,425.70 - Patient Owes: \$444.96
- 2022-08-09 - Respiratory therapy - Total Cost: \$2,103.45 - Insurance Paid: \$2,049.03 - Patient Owes: \$163.93
- 2021-01-19 - Lifestyle education regarding hypertension - Total Cost: \$899.45 - Insurance Paid: \$3,413.47 - Patient Owes: \$433.48
- 2021-05-27 - Routine antenatal care - Total Cost: \$1,070.26 - Insurance Paid: \$1,246.79 - Patient Owes: \$309.09
- 2020-07-15 - Self-care interventions (procedure) - Total Cost: \$4,116.33 - Insurance Paid: \$1,804.92 - Patient Owes: \$43.06
- 2022-08-18 - Musculoskeletal care - Total Cost: \$2,665.16 - Insurance Paid: \$1,152.40 - Patient Owes: \$192.56

Total Amounts

Total Billed: \$8724.08

Total Deduct: \$7304.69

Total Coins: \$19140.64

Total Amount: \$15046.04

Hospital Contact: (244)727-1804

Hospital Email: victoriacortez@example.com

