

Patient Information

Carolina de Anda  
1037 Brakus Mission Apt 11, Homestead, Florida 33034

Claim Details

Policy Number: fb858518-6898-4f48-88a5-a4093aea5164  
Claim Number: ee664e39-80c3-4082-aa16-3b39717c99bb  
Claim Date: 2021-11-20

Provider Information

COLLIER HEALTH SERVICES INC  
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12655 COLLIER BLVD, NAPLES, FL 341164005

Services Rendered

Date	Treatment	Total Cost	Insurance Paid	Patient Owes
2021-05-28	Respiratory therapy	\$2,439.03	\$2,494.20	\$260.94
2022-10-25	Lifestyle education regarding hypertension	\$2,293.24	\$1,912.89	\$157.52
2021-09-04	Musculoskeletal care	\$1,389.97	\$4,015.39	\$296.69
2023-08-06	Respiratory therapy	\$2,770.30	\$3,855.40	\$142.64

Medications

- amLODIPine 2.5 MG Oral Tablet - History of renal transplant (situation)
- insulin isophane human 70 UNT/ML / insulin regular human 30 UNT/ML Injectable Suspension [Humulin] - nan
- lisinopril 10 MG Oral Tablet - Essential hypertension (disorder)

Lab Results

- Total Cholesterol: 167.45987589404825 (Normal: 125-200 mg/dL)
- Platelet Count: 231279.73097380926 (Normal: 150,000-450,000 per microliter)
- Potassium: 4.327624507052797 (Normal: 3.6 to 5.2 mmol/L)
- Total Cholesterol: 163.93380203952935 (Normal: 125-200 mg/dL)

Contact Information

Patient Contact: 941.307.4091x601  
Hospital Contact: 913.637.2145  
Email: scott74@example.org