

Insurance Claim Detail

Patient Information

Name: Elmer Schmitt

Address: 553 Duaa Approach Apt 30, Sebastian, Florida 32970

Policy Number: cd74d645-2269-497a-8137-7f7aeda79a43

Claim Number: 857c92c7-e764-475e-b4c5-9ef37b5446a7

Provider Information

Hospital/Provider: CENTRAL FLORIDA INTERNISTS INC

Place of Service: 3505 PROGRESS LN, SAINT CLOUD, FL 347696519

Claim Details

Date	Treatment	Total Cost	Insurance Paid	Patient Owes
2021-04-29	Lifestyle education regarding hypertension	\$3,833.55	\$599.79	\$57.83
2020-07-03	Infectious disease care plan (record artifact)	\$1,787.68	\$316.99	\$403.09
2023-10-27	Physiotherapy care plan (record artifact)	\$4,227.99	\$4,005.77	\$47.85
2020-02-21	Allergic disorder monitoring	\$155.61	\$1,304.07	\$33.43
2023-05-01	Respiratory therapy	\$3,190.54	\$3,514.93	\$141.84
2023-10-14	Physiotherapy care plan (record artifact)	\$1,766.28	\$3,002.19	\$229.15
2020-06-03	Lifestyle education regarding hypertension	\$999.32	\$226.57	\$442.94
2020-08-30	Musculoskeletal care	\$4,932.93	\$2,530.80	\$235.70
2020-10-03	Hyperlipidemia clinical management plan	\$4,910.00	\$2,804.05	\$380.27
2021-06-29	Weight management program	\$3,811.51	\$1,245.11	\$168.06

Thank you for choosing CENTRAL FLORIDA INTERNISTS INC

If you have any questions about this claim, please contact us at: 1-800-INSURANCE