

# Health Insurance Claim Form

## Claim Details

<b>Claim Number:</b>	42604b44-cecc-49a2-811d-b6a2c9a3747c
<b>Claim Date:</b>	2023-10-30

## Patient Details

<b>Patient Name:</b>	Virgina Cormier
<b>Address:</b>	188 Green Flat Unit 97, Ojus, Florida 33163

## Provider Details

<b>Provider Name:</b>	SUNSTATE HEALTHCARE LLC
<b>Hospital:</b>	SUNSTATE HEALTHCARE LLC

## Services Details

Date	Treatment	Total Cost	Insurance Paid	Patient Owes
2021-12-05	Respiratory therapy	\$3,794.88	\$409.55	\$398.72
2022-09-24	Self-care interventions (procedure)	\$3,198.29	\$3,302.69	\$112.96
2021-10-04	Fracture care	\$3,349.80	\$548.16	\$10.62
2021-10-30	Diabetes self management plan	\$4,845.96	\$1,915.82	\$51.29
2023-08-19	Routine antenatal care	\$2,130.70	\$4,096.44	\$181.52
2022-04-02	Lifestyle education regarding hypertension	\$4,677.33	\$3,494.10	\$424.36
2023-02-09	Musculoskeletal care	\$4,829.57	\$3,021.07	\$385.75
2020-08-01	Diabetes self management plan	\$1,974.75	\$2,087.66	\$350.41

## Medicines Details

Prescribed	Reason
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Prescribed	Reason
insulin isophane human 70 UNT/ML / insulin regular human 30 UNT/ML Injectable Suspension [Humulin]	nan
Acetaminophen 325 MG Oral Tablet	Essential hypertension (disorder)
1 ML Epoetin Alfa 4000 UNT/ML Injection [Epogen]	Prediabetes
Digoxin 0.125 MG Oral Tablet	Anemia (disorder)
amLODIPine 2.5 MG Oral Tablet	Essential hypertension (disorder)
amLODIPine 2.5 MG Oral Tablet	Diabetes mellitus type 2 (disorder)
Hydrochlorothiazide 25 MG Oral Tablet	Hyperlipidemia
1 ML Epoetin Alfa 4000 UNT/ML Injection [Epogen]	Essential hypertension (disorder)

## Lab Results

Test Name	Result	Normal Range
Red Blood Cell (RBC) Count	5.222475946688615	4.5 to 5.5 million/mcL
Platelet Count	418850.3381094164	150,000-450,000 per microliter