

Explanation of Benefits

Patient Information

Name: Adriana Valladares

Policy Number: 610b660f-4189-4ee8-a2e3-2f2361a63478

Claim Number: 7c3f8d49-6dbf-40b4-aa28-da0ff740907f

Claim Processed Date: 2023-11-19

Service Information

Provider of Service: COMMUNITY HEALTH OF SOUTH FLORIDA INC

Place of Service: 727 FORT ST, KEY WEST, FL 330407307

Patient Account Number: c07b62ad-e500-43a7-9f01-228f2bccfc5f

Service Details

Date of Service	Description	Total Cost	Insurance Paid	Patient Owes
2023-07-22	Infectious disease care plan (record artifact)	\$790.30	\$3,712.95	\$415.44
2020-02-24	Diabetes self management plan	\$3,355.59	\$849.95	\$77.69
2021-07-20	Infectious disease care plan (record artifact)	\$2,373.69	\$2,628.51	\$442.09
2021-04-02	Head injury rehabilitation	\$2,148.64	\$1,742.28	\$52.16
2023-03-22	Respiratory therapy	\$3,896.77	\$3,669.45	\$107.35
2023-03-29	Physiotherapy care plan (record artifact)	\$3,186.39	\$1,772.47	\$171.86

Remarks

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