

Insurance Information Summary

Claim Number: 7ba8b8ca-1a5a-4059-a6f0-39aee3729bed

Patient Information

Name: Emily Maysa

Address: 929 Walsh Brook Unit 9, Cape Coral, Florida 33903

Policy Number: d81908a2-8a02-4bcb-9f23-308dd4555b7e

Provider Information

Provider Name: BREVARD OAKS CENTER LLC

Hospital/Place of service: BREVARD OAKS CENTER LLC

Services Rendered

Date	Treatment	Total Cost	Insurance Paid	Patient Owes
2020-05-20	Respiratory therapy	\$3,533.08	\$3,830.36	\$30.71
2022-04-13	Physiotherapy care plan (record artifact)	\$2,430.26	\$3,354.32	\$345.44
2022-02-17	Lifestyle education regarding hypertension	\$4,034.83	\$1,902.36	\$215.54
2022-02-24	Dialysis care plan (record artifact)	\$4,775.56	\$2,401.19	\$37.54
2020-11-30	Routine antenatal care	\$513.74	\$3,524.07	\$241.40
2022-03-22	Infectious disease care plan (record artifact)	\$4,813.60	\$2,961.64	\$84.11

Claims Details

Provider	Service Date	Procedure	Modifiers	Billed Amount	Allowed Amount	Deductible	Coinsurance	Amount Paid
4ff25a8d-59e8-335a-be73-a00a8e5fe771	2023-02-11	4653.31	6353.66	7941.58	1279.35	6478.26	2466.23	2169.13
4ff25a8d-59e8-335a-be73-a00a8e5fe771	2022-05-09	141.71	4586.27	5581.66	4729.45	5313.55	6601.18	1460.86

Provider	Service Date	Procedure	Modifiers	Billed Amount	Allowed Amount	Deductible	Coinsurance	Amount Paid
4ff25a8d-59e8-335a-be73-a00a8e5fe771	2020-12-18	2697.35	1840.56	4278.86	7859.26	6202.34	2230.02	6397.63
4ff25a8d-59e8-335a-be73-a00a8e5fe771	2022-08-27	6967.21	6640.45	8747.2	1746.32	3607.09	5009.03	7799.87
4ff25a8d-59e8-335a-be73-a00a8e5fe771	2020-04-23	5612.36	9341.7	396.46	6522.89	7011.38	7513.92	1536.68
4ff25a8d-59e8-335a-be73-a00a8e5fe771	2022-05-28	8034.75	9065.75	8550.79	4018.62	289.94	977.86	3456.46

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