Patient Details

Name: Devona Kreiger

Address: 131 Paucek Mall Suite 28, Miramar, Florida 33025

Policy Number: 40e80598-6c08-4d29-8ff2-5a74e409587b

Claim Number: af432d9e-4046-4233-b41a-e955968f7f06

Claim Date: 2021-10-10

Provider: AMELIA INTERNAL MEDICINE PA

Hospital: AMELIA INTERNAL MEDICINE PA

Services

Date	Treatment	Total Cost	Insurance Paid	Patient Owes
2023-11-21	Diabetes self management plan	\$4,970.92	\$3,488.81	\$111.30
2023-11-06	Overactivity/inattention behavior management	\$1,006.78	\$4,324.25	\$382.73
2023-09-04	Musculoskeletal care	\$4,049.68	\$597.36	\$388.59
2020-09-23	Lifestyle education regarding hypertension	\$2,959.65	\$1,021.20	\$202.46
2021-07-03	Lifestyle education regarding hypertension	\$4,315.70	\$490.75	\$223.73
2020-02-19	Therapy (regime/therapy)	\$673.68	\$3,111.05	\$337.86

Medications

- 1 ML Epoetin Alfa 4000 UNT/ML Injection [Epogen] Reason: Anemia (disorder)
- amLODIPine 2.5 MG Oral Tablet Reason: Essential hypertension (disorder)

Lab Results

Test Name	Result	Normal Range	
Hemoglobin	14.181043788081922	13.8-17.2 g/dL for men, 12.1-15.1 g/dL for women	