

Explanation of Benefits

Patient Information

Name: Allen Willms

Address: 238 Batz Tunnel Apt 71, Cape Coral, Florida 33914

Contact: 001-580-211-7883x5022

Policy Number: 7ab61168-9fc3-49c5-bfa4-f8ebc9c8cb97

Claim Number: 52288858-89a6-4a11-94d3-c574a31e4f98

Claim Date: 2022-12-16

Provider Information

Name: JACKSON MEMORIAL LONG TERM CARE CENTER

Address: 2500 NW 22ND AVE, MIAMI, FL 331428429

Contact: 217-616-0599x703

Email: monica87@example.org

Services Rendered

Date	Treatment	Total Cost	Insurance Paid	Patient Owes
2023-01-10	Diabetes self management plan	\$4,697.22	\$2,447.42	\$397.36
2022-03-02	Musculoskeletal care	\$2,717.61	\$3,005.47	\$278.31
2023-02-03	Lifestyle education regarding hypertension	\$4,950.80	\$1,680.05	\$68.49
2022-04-08	Self-care interventions (procedure)	\$4,638.23	\$1,764.98	\$157.18
2021-01-21	Respiratory therapy	\$1,302.68	\$2,398.51	\$448.53