

# Medical Bill

## Patient Information

**Name:** Armando Menchaca

**Address:** 485 Rolfson Dale Apt 17, Daytona Beach, Florida 32118

**Policy Number:** 5be61297-b0f9-4d0b-ae73-ae5710b43dc

**Account Number:** 1877fafc-fa78-47fe-9356-3da7bf5cd6f0

## Services

Date	Treatment	Total Cost	Insurance Paid	Patient Owes
2021-12-18	Infectious disease care plan (record artifact)	\$602.85	\$4,352.76	\$440.61

## Total

**Total Billed:** \$11128.42

**Total Deduct:** \$5800.46

**Total Coins:** \$5802.69

**Total Amount:** \$7712.0