

Explanation of Benefits

Patient Information

Name: Margarite Langosh

Address: 887 Nahla Grove Unit 17, Jacksonville, Florida 32256

Contact: 7356027047

Policy Number: ff200a31-1c29-4bc8-970d-98c4138c017b

Provider Information

Name: VENICE HMA LLC

Hospital: VENICE HMA LLC

Contact: 001-578-996-5265x5788

Email: griffithpaul@example.org

Services Rendered

Date	Treatment	Total Cost	Insurance Paid	Patient Owes
2022-12-29	Lifestyle education regarding hypertension	\$2,824.76	\$3,477.01	\$259.67
2022-03-02	Respiratory therapy	\$954.23	\$1,067.66	\$150.66
2021-04-13	Urology care plan (record artifact)	\$2,407.42	\$3,428.58	\$120.88
2020-06-20	Routine antenatal care	\$1,937.36	\$533.94	\$255.01
2021-03-26	Physiotherapy care plan (record artifact)	\$3,579.76	\$2,211.67	\$412.15
2022-07-08	Respiratory therapy	\$1,798.93	\$2,239.71	\$383.28

Medications Prescribed

- insulin isophane human 70 UNT/ML / insulin regular human 30 UNT/ML Injectable Suspension [Humulin] for Essential hypertension (disorder)
- 1 ML Epoetin Alfa 4000 UNT/ML Injection [Epogen] for Anemia (disorder)
- 30 ACTUAT fluticasone furoate 0.2 MG/ACTUAT Dry Powder Inhaler [Arnuity] for Anemia (disorder)
- Hydrochlorothiazide 25 MG Oral Tablet for Anemia (disorder)
- Hydrochlorothiazide 25 MG Oral Tablet for Essential hypertension (disorder)
- insulin isophane human 70 UNT/ML / insulin regular human 30 UNT/ML Injectable Suspension [Humulin] for Diabetes mellitus type 2 (disorder)
- insulin isophane human 70 UNT/ML / insulin regular human 30 UNT/ML Injectable Suspension [Humulin] for nan
- Alendronic acid 10 MG Oral Tablet for Diabetes mellitus type 2 (disorder)
- lisinopril 10 MG Oral Tablet for Anemia (disorder)
- insulin isophane human 70 UNT/ML / insulin regular human 30 UNT/ML Injectable Suspension [Humulin] for nan

Lab Results

Test Name	Result	Normal Range
Hemoglobin	12.332180927754457	13.8-17.2 g/dL for men, 12.1-15.1 g/dL for women

Test Name	Result	Normal Range
Liver Enzymes (AST & ALT)	43.487179914897894	7-56 units/L

Financial Summary

Total Billed: 24429.65

Total Deductible: 21643.3

Total Coinsurance: 19465.47

Total Amount Paid: 18141.08