

Explanation of Benefits (EOB)

Patient Information

Name: Vi Spencer

Address: 722 Greenholt Center, Miami, Florida 33137

Policy Number: a2505f72-07f6-4794-a135-c81772fb3286

Provider Information

Provider Name: PUBLIC HEALTH TRUST OF MIAMI DADE COUNTY FLORIDA

Hospital: PUBLIC HEALTH TRUST OF MIAMI DADE COUNTY FLORIDA

Place of Service: 1611 NW 12TH STREET, NORTH MIAMI BEACH, FL 331695521

Service Details

Date	Treatment	Total Cost	Insurance Paid	Patient Owes
2021-05-21	Lifestyle education regarding hypertension	\$2,423.85	\$2,103.48	\$22.55
2021-01-18	Therapy (regime/therapy)	\$434.73	\$3,134.74	\$93.38

Claim Details

Service Date	Billed Amount	Allowed Amount	Deductible	Coinsurance	Amount Paid
2021-03-10	645.04	1088.16	8464.31	7337.64	5806.15

Total Summary

Total Billed: 645.04

Total Deductible: 8464.31

Total Coinsurance: 7337.64

Total Amount Paid: 5806.15

For inquiries, contact:

Patient Contact: 4213252500

Hospital Contact: 001-436-250-6135x845

Hospital Email: carol28@example.com