

# Insurance Summary

Account Number: fc271c5a-aa61-45af-9f08-4251d6ebb44e

## Patient Information

**Name:** Buford Cronin

**Address:** 1007 Turcotte Boulevard Apt 16, Fleming Island, Florida 32003

**Policy Number:** 02558d07-52e0-4dee-84e2-e1d3174c45f1

**Date:** 2023-05-13

## Provider Information

Provider ID	Provider Name	Specialty
fc271c5a-aa61-45af-9f08-4251d6ebb44e	Stephanie Lawson	Allergology

## Claims Information

Date	Service	Cost	Insurance Paid	Patient Owes
2020-12-27	Care plan (record artifact)	\$1,452.53	\$1,091.63	\$298.56
2022-09-02	Wound care	\$198.84	\$1,016.32	\$435.81
2021-07-22	Hyperlipidemia clinical management plan	\$1,466.85	\$330.80	\$354.63

## Medications

1
Simvastatin 10 MG Oral Tablet (Reason: Prediabetes)
2
amLODIPine 2.5 MG Oral Tablet (Reason: History of renal transplant (situation))
3
lisinopril 10 MG Oral Tablet (Reason: nan)
4
24 HR tacrolimus 1 MG Extended Release Oral Tablet (Reason: Anemia (disorder))
5

lisinopril 10 MG Oral Tablet (Reason: Childhood asthma)

6

72 HR Fentanyl 0.025 MG/HR Transdermal System (Reason: Essential hypertension (disorder))

7

albuterol 0.83 MG/ML Inhalation Solution (Reason: Prediabetes)

8

amlodipine 2.5 MG Oral Tablet (Reason: Prediabetes)

Lab Results

Test Name	Result	Normal Range
Liver Enzymes (AST & ALT)	55.75244217228229	7-56 units/L

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