

MEMORIAL HOSPITAL-WEST VOLUSIA INC Remittance Advice

Patient Information

Name: Jermaine Trantow

Address: 730 Runte Gateway, Pace, Florida 32571

Contact: +1-568-585-8923

Policy Number: 36ee0a4b-7f60-45b1-ae4c-a0e365b6776c

Claim Number: 2f620791-f8b8-47ec-8929-c5b1202e9277

Claim Date: 2020-07-07

Service Details

Date	Treatment	Total Cost	Insurance Paid	Patient Owes
2021-09-06	Therapy (regime/therapy)	\$2,194.14	\$915.86	\$360.17
2022-06-22	Therapy (regime/therapy)	\$2,076.89	\$1,640.81	\$285.44
2022-07-02	Mental health care plan	\$4,846.84	\$2,262.01	\$26.41
2021-02-01	Self-care interventions (procedure)	\$1,876.15	\$3,445.30	\$21.04
2021-05-04	Physiotherapy care plan (record artifact)	\$2,196.69	\$3,846.06	\$169.00
2021-08-17	Weight management program	\$3,873.13	\$3,964.51	\$416.80
2020-08-04	Self-care interventions (procedure)	\$134.69	\$1,004.54	\$261.22
2020-05-20	Musculoskeletal care	\$1,743.76	\$883.90	\$102.00

Claim Details

Prescribed Medicines

Lab Results