

# Explanation of Benefits

## Patient Information

Name: Talisha Halvorson

Address: 779 Robel Byway Suite 83, Land O' Lakes, Florida 0

Contact: (531)400-3562x510

Policy Number: 6e28697c-cabb-4414-9dc8-1822d693004a

## Provider Information

Name: HONEST CARE HEALTHCARE INC

Hospital: HONEST CARE HEALTHCARE INC

Contact: 001-903-908-6736x721

Email: cowens@example.net

## Services Rendered

Date	Treatment	Total Cost	Insurance Paid	Patient Owes
2020-10-18	Respiratory therapy	\$4,829.10	\$1,010.04	\$285.76
2022-02-04	Infectious disease care plan (record artifact)	\$4,644.59	\$2,349.25	\$274.15
2020-06-24	Infectious disease care plan (record artifact)	\$3,767.14	\$1,243.91	\$244.21
2021-05-04	Physiotherapy care plan (record artifact)	\$4,645.55	\$1,326.85	\$275.03
2021-11-29	Dementia management	\$4,546.95	\$4,419.55	\$267.94
2020-10-21	Lifestyle education regarding hypertension	\$1,447.30	\$1,980.10	\$415.23
2021-01-04	Musculoskeletal care	\$516.79	\$437.51	\$131.31
2021-11-30	Discharge care plan (record artifact)	\$823.30	\$3,674.30	\$424.46
2020-09-26	Physiotherapy care plan (record artifact)	\$3,821.24	\$2,424.07	\$196.74

## Medications Prescribed

- insulin isophane human 70 UNT/ML / insulin regular human 30 UNT/ML Injectable Suspension [Humulin] for Essential hypertension (disorder)
- lisinopril 10 MG Oral Tablet for Childhood asthma
- amLODIPine 2.5 MG Oral Tablet for Hyperlipidemia
- lisinopril 10 MG Oral Tablet for Diabetes mellitus type 2 (disorder)
- amLODIPine 2.5 MG Oral Tablet for nan
- Hydrochlorothiazide 25 MG Oral Tablet for Essential hypertension (disorder)
- Amoxicillin 250 MG / Clavulanate 125 MG Oral Tablet for Osteoporosis (disorder)
- Hydrochlorothiazide 25 MG Oral Tablet for Essential hypertension (disorder)
- Warfarin Sodium 5 MG Oral Tablet for Osteoporosis (disorder)

## Lab Results

Test Name	Result	Normal Range
Liver Enzymes (AST & ALT)	43.24823815767741	7-56 units/L
Liver Enzymes (AST & ALT)	36.66343045114768	7-56 units/L

## Financial Summary

Total Billed: 5093.91

Total Deductible: 7298.6

Total Coinsurance: 931.98

Total Amount Paid: 3573.98