

Insurance Summary

Account Number: ba1fdea0-35dc-447c-ace9-938e48ae1f45

Patient Information

Name: Sharice Kshlerin

Address: 798 Ledner Road, Jacksonville, Florida 32211

Policy Number: 55e4970d-4540-4132-8180-8388d608cd45

Date: 2023-10-05

Provider Information

Provider ID	Provider Name	Specialty
ba1fdea0-35dc-447c-ace9-938e48ae1f45	Travis Brown II	Perinatology

Claims Information

Date	Service	Cost	Insurance Paid	Patient Owes
2022-08-13	Fracture care	\$2,220.75	\$2,218.51	\$127.17
2023-09-08	Physiotherapy care plan (record artifact)	\$500.52	\$747.85	\$67.19
2020-01-21	Respiratory therapy	\$4,623.82	\$1,066.97	\$325.53
2020-08-04	Diabetes self management plan	\$4,202.07	\$2,719.57	\$310.81
2021-07-21	Fracture care	\$4,890.96	\$724.91	\$444.78
2023-07-03	Routine antenatal care	\$2,338.84	\$2,719.24	\$302.61
2021-03-25	Therapy (regime/therapy)	\$878.97	\$964.84	\$131.69
2023-10-15	Fracture care	\$3,165.03	\$2,993.29	\$275.72

Medications

Hydrochlorothiazide 25 MG Oral Tablet (Reason: Essential hypertension (disorder))

Lab Results

Test Name	Result	Normal Range
Glomerular Filtration Rate (GFR)	107.98080647114648	90-120 mL/min
White Blood Cell (WBC) Count	6263.315778452154	5,000 to 10,000/mcL

PATIENTS FIRST NORTHAMPTON MEDICAL CENTER PA, Inc.

2907 KERRY FOREST PKWY, TALLAHASSEE, FL 323096825

Phone: 001-708-916-5774x4194 | Email: mmccarthy@example.com