

Insurance Claim Detail

Patient Information

Name: Carolina de Anda

Address: 1037 Brakus Mission Apt 11, Homestead, Florida 33034

Policy Number: 1afa3632-249b-485d-9392-799b0300260e

Claim Number: ae54ff95-45a4-4b89-b67a-422cb180d6a2

Provider Information

Hospital/Provider: Delray Beach CBOC

Place of Service: 4800 Linton Blvd. Building E Suite 300, Delray Beach, FL 33445

Claim Details

Date	Treatment	Total Cost	Insurance Paid	Patient Owes
2022-02-14	Self-care interventions (procedure)	\$1,736.15	\$2,386.51	\$193.20
2022-06-17	Discharge care plan (record artifact)	\$1,579.14	\$2,970.25	\$296.21
2020-10-20	Head injury rehabilitation	\$3,521.40	\$334.86	\$281.31
2023-09-20	Lifestyle education regarding hypertension	\$3,132.69	\$1,463.28	\$322.60
2023-01-12	Lifestyle education regarding hypertension	\$2,168.79	\$3,716.75	\$217.48
2023-03-30	Burn care	\$3,001.54	\$787.61	\$18.20
2020-08-08	Wound care	\$1,518.70	\$1,706.69	\$135.35
2022-07-06	Infectious disease care plan (record artifact)	\$4,980.43	\$1,728.37	\$281.73

Thank you for choosing Delray Beach CBOC

If you have any questions about this claim, please contact us at: 1-800-INSURANCE