

Insurance Claim Detail

Patient Information

Name: Arlean Hibah

Address: 858 Sporer Village, Palm River-Clair Mel, Florida 0

Policy Number: 97d564f0-040d-406b-9904-bbbb39f7be7f

Claim Number: 7ff6daa1-28b9-4c8f-867a-798181843329

Provider Information

Hospital/Provider: ARCADIA HEALTH & REHABILITATION CENTER

Place of Service: 10095 HILLVIEW ROAD, PENSACOLA, FL 325145428

Claim Details

Date	Treatment	Total Cost	Insurance Paid	Patient Owes
2023-02-26	Weight management program	\$3,505.55	\$1,122.20	\$435.76

Thank you for choosing ARCADIA HEALTH & REHABILITATION CENTER

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