

Anita Nada Explanation of Benefits

Patient Information

Name: Anita Nada

Address: 676 Heidenreich Underpass Unit 1, Tallahassee, Florida 32309

Contact: 793-785-5765

Policy Information

Policy Number: 402a9f2d-65fa-41ae-aff8-980c5b45d673

Claim Number: 0a526d2b-733e-4c51-9cf0-b3568afd7f5d

Claim Date: 2020-06-29

Services Rendered

Date	Treatment	Total Cost	Insurance Paid	Patient Owes
2020-11-02	Diabetes self management plan	\$666.92	\$3,424.48	\$315.12
2023-03-20	Fracture care	\$4,717.82	\$3,353.86	\$43.95
2020-02-02	Respiratory therapy	\$2,066.41	\$4,185.76	\$290.24

Financial Summary

Total Billed: 24016.78

Total Deductible: 16700.97

Total Coinsurance: 32126.81

Total Amount: 25615.1

Lab Results

Glomerular Filtration Rate (GFR): 101.77644958886098 (Normal Range: 90-120 mL/min)

Red Blood Cell (RBC) Count: 4.847010532945578 (Normal Range: 4.5 to 5.5 million/mcL)

Prescribed Medications

1 ML Epoetin Alfa 4000 UNT/ML Injection [Epogen] for Asthma

1 ML Epoetin Alfa 4000 UNT/ML Injection [Epogen] for Essential hypertension (disorder)

1 ML Epoetin Alfa 4000 UNT/ML Injection [Epogen] for nan

insulin isophane human 70 UNT/ML / insulin regular human 30 UNT/ML Injectable Suspension [Humulin] for Diabetes mellitus type 2 (disorder)

Hydrochlorothiazide 25 MG Oral Tablet for Anemia (disorder)

insulin isophane human 70 UNT/ML / insulin regular human 30 UNT/ML Injectable Suspension [Humulin] for Essential hypertension (disorder)

