

YOU HEALTH PRIMARY CARE Remittance Advice

Patient Name: Fernando Spinka

Policy Number: f12b9e60-5cf5-452f-9fb5-7a1ca1c0c0c9

Claim Number: 9d2a7657-5151-4c6b-87ca-fa28334a4c6e

Claim Date: 2020-05-29

Service Date	Provider	Description	Billed Amount	Allowed Amount	Co-Pay	Insurance Paid	Patient Owes
2022-05-13		Fracture care	\$3,083.86			\$3,942.28	\$66.82
2022-05-03		Self-care interventions (procedure)	\$1,302.69			\$2,478.47	\$200.16
2023-03-28		Discharge care plan (record artifact)	\$1,435.98			\$3,490.06	\$263.25
2023-07-04		Therapy (regime/therapy)	\$911.76			\$192.17	\$287.08
2020-08-11		Respiratory therapy	\$2,860.12			\$4,005.17	\$14.66
2020-07-12		Routine antenatal care	\$4,655.75			\$856.29	\$316.65

Total Billed: 29525.27

Total Deductible: 33658.1

Total Coinsurance: 44363.37

Total Amount Paid: 24840.61