

Medical Claims and Receipts Document

Patient Treatment and Financial Summary

Patient Information

Name: Stewart Halvorson

Address: 1036 Berge Manor Apt 1, Gainesville, Florida 32605

Policy Number: 831900ee-0bf2-48f7-9294-3d915b33a8de

Claim Number: 66653424-111f-4531-9eed-e2e6e7b81f21

Provider Information

Provider Name: JAY CARE MEDICAL CENTER INC

Hospital: JAY CARE MEDICAL CENTER INC

Place of Service: 135 E 1ST ST, WINTER HAVEN, FL 338803665

Services Rendered

Date	Treatment	Total Cost	Insurance Paid	Patient Owes
2020-02-27	Care plan (record artifact)	\$922.74	\$2,797.25	\$387.64
2022-05-12	Head injury rehabilitation	\$4,617.02	\$590.42	\$177.57
2021-05-18	Care plan (record artifact)	\$4,395.82	\$4,490.55	\$180.03
2021-10-06	Therapy (regime/therapy)	\$4,849.73	\$4,018.43	\$428.44
2023-08-16	Physiotherapy care plan (record artifact)	\$4,745.59	\$1,533.37	\$22.26
2020-09-27	Routine antenatal care	\$421.43	\$2,213.35	\$440.49
2020-06-26	Routine antenatal care	\$105.47	\$2,151.78	\$443.12
2022-11-03	Wound care	\$726.24	\$3,510.87	\$45.78

Financial Summary

Total Billed: 2091.69

Total Deductibles: 1427.45

Total Co-insurance: 3332.33

Total Amount Owed: 617.2