

Medical Billing Information

Patient Information

Name: Laine Smith

Address: 666 Duaa Extension, Altamonte Springs, Florida 32714

Policy Number: eef98695-b492-401c-85a2-e82bf875e476

Claim Information

Claim Number: abba7567-1e49-4c86-9c19-d8c9b473b13e

Claim Date: 2022-06-01

Provider Information

Provider Name: ADVANCED PRIMARY CARE AND

Hospital: ADVANCED PRIMARY CARE AND

Place of Service: 9555 SEMINOLE BLVD, SEMINOLE, FL 337722562

Services

- 2022-03-09 - Lifestyle education regarding hypertension - Total Cost: \$2,013.88 - Insurance Paid: \$3,727.21 - Patient Owes: \$11.47

Total Amounts

Total Billed: \$28826.03

Total Deduct: \$40696.08

Total Coins: \$46784.88

Total Amount: \$41475.47

Hospital Contact: 5802992793

Hospital Email: katelyncalderon@example.org