

Medical Insurance Card

Patient Information

Name: Cleveland Schaden

Address: 1022 McLaughlin Loaf Unit 37, Wallace,
Florida 0

Policy Number: 13b8bd89-066c-4b40-bd37-
8865374d9d76

Account Number: 3a1698c3-64c7-4e6a-ad55-
64853139cab7

Claim Information

Claim Number: 53a4c057-c06b-46c5-8543-
1b7ec070ea91

Claim Date: 2022-11-27

Provider Name: NEIGHBORHOOD MEDICAL
CENTER INC

Hospital: NEIGHBORHOOD MEDICAL CENTER INC

Place of Service: 3013 JIM LEE RD, TALLAHASSEE,
FL 323017057

Services

- 2020-02-15 - Allergic disorder monitoring -
Total Cost: \$3,568.10
- 2020-02-03 - Infectious disease care plan
(record artifact) - Total Cost: \$2,411.86
- 2023-04-25 - Dialysis care plan (record
artifact) - Total Cost: \$3,786.73
- 2021-01-16 - Physiotherapy care plan (record
artifact) - Total Cost: \$3,830.69
- 2021-12-19 - Physiotherapy care plan (record
artifact) - Total Cost: \$4,537.96

Additional Information

Total Billed: \$23486.39

Total Deduct: \$6545.7

Total Coins: \$18888.2

Total Amount: \$27468.62