

BOCA RATON REGIONAL HOSPITAL Remittance Advice

Patient Information

Name: Michael D'Amore

Address: 660 Rutherford Passage, Orlando, Florida 32806

Contact: +1-679-654-9749

Policy Number: a6792995-1258-4bb5-ad37-4c35179b9316

Claim Number: bc4e1eb6-f620-407a-8941-7265fae72f54

Date of Claim: 2021-07-05

Services Provided

Date	Treatment	Total Cost	Insurance Paid	Patient Owes
2021-02-11	Diabetes self management plan	\$2,533.14	\$1,519.65	\$372.33
2020-12-06	Lifestyle education regarding hypertension	\$3,597.23	\$243.24	\$300.22
2023-04-17	Infectious disease care plan (record artifact)	\$676.97	\$2,572.84	\$47.03
2020-11-24	Fracture care	\$4,257.20	\$500.95	\$355.36

Claims Details

Medications Prescribed

Lab Results

Totals

Total Billed: 20346.74

Total Deduct: 18849.39

Total Coins: 15361.52

Total AMT: 15670.79