# Claims/Receipt Information

### **Patient Information**

## Lillia Zemlak

265 Langosh Knoll Suite 31, Indian River Estates, Florida 0

Policy Number: b8a29c6b-e078-4e18-acf4-e399a261a685

Claim Number: e80f3691-e6d7-4cab-9bdd-a57b85f88506

Claim Date: 2021-11-13

#### **Provider Information**

## JUPITER MEDICAL CENTER INC

Place of Service: 1210 SOUTH OLD DIXIE HIGHWAY, TEQUESTA, FL 33469

Hospital: JUPITER MEDICAL CENTER INC

#### Services Rendered

2021-02-06 - Wound care:

Total Cost: \$4,707.61

Insurance Paid: \$4,020.93

Patient Owes: \$159.12

2023-08-24 - Diabetes self management plan:

Total Cost: \$285.01

Insurance Paid: \$1,318.67

Patient Owes: \$178.24

2022-10-16 - Self-care interventions (procedure):

Total Cost: \$4,532.89

Insurance Paid: \$3,167.61

Patient Owes: \$75.59

2022-10-06 - Respiratory therapy:

Total Cost: \$672.30

Insurance Paid: \$1,138.12

Patient Owes: \$219.09

2021-11-24 - Diabetes self management plan:

Total Cost: \$884.91

Insurance Paid: \$1,125.24

Patient Owes: \$12.56

2023-10-16 - Wound care:

Total Cost: \$1,001.84

Insurance Paid: \$1,644.54

Patient Owes: \$299.60

2020-03-30 - Musculoskeletal care:

Total Cost: \$4,622.90

Insurance Paid: \$3,784.34

Patient Owes: \$47.79

2022-10-21 - Respiratory therapy:

Total Cost: \$947.63

Insurance Paid: \$738.20

Patient Owes: \$153.52

2020-08-29 - Lifestyle education regarding hypertension:

Total Cost: \$1,943.83

Insurance Paid: \$1,912.14

Patient Owes: \$49.86

2020-05-20 - Wound care:

Total Cost: \$4,015.96

Insurance Paid: \$438.75

Patient Owes: \$130.87

## Claims Summary

Service Provide Provide Provider Date POS PROC Billed Allowed Deduct Coins Amount Paid										
Provider Date POS PROC Billed Allowed Deduct Coins Amount Paid		Service								Provider
	Provider	Date	POS	PROC	Billed	Allowed	Deduct	Coins	Amount	Paid

Provider	Service Date	POS	PROC	Billed	Allowed	Deduct	Coins	Amount	Provide Paid
3097b55b- 275c-3cf2- 9415- 1c9cdf844aec	2022- 05-17	2759.57	1725.82	3867.38	8111.09	455.97	108.85	5052.05	9848.49
3097b55b- 275c-3cf2- 9415- 1c9cdf844aec	2021- 11-15	1607.87	2414.01	1913.37	9438.49	497.54	7389.39	1689.44	8032.01
3097b55b- 275c-3cf2- 9415- 1c9cdf844aec	2023- 04-05	4539.79	2869.18	4839.9	3583.03	7501.96	4275.03	681.17	4385.76
3097b55b- 275c-3cf2- 9415- 1c9cdf844aec	2021- 12-01	2083.47	8609.47	8256.72	3338.23	4746.32	6368.36	2168.99	4219.3

Total Billed: 18877.37

Total Deductible: 13201.79

Total Coinsurance: 18141.63

Total Amount: 9591.65

JUPITER MEDICAL CENTER INC, Inc.

1210 SOUTH OLD DIXIE HIGHWAY, TEQUESTA, FL 33469

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