

Santo Amira Explanation of Benefits

Patient Information

Name: Santo Amira

Address: 691 Jast Extension Apt 71, Indian Harbour Beach, Florida 32937

Contact: 001-702-953-0930x456

Policy Information

Policy Number: c4c5e075-411f-4dd3-ad69-f230e65e65bf

Claim Number: f08be0a3-0d52-451c-bf69-907dd8e7a4c4

Claim Date: 2022-10-25

Services Rendered

Date	Treatment	Total Cost	Insurance Paid	Patient Owes
2021-08-21	Routine antenatal care	\$4,707.28	\$185.20	\$218.64
2023-04-24	Fracture care	\$2,166.64	\$3,919.39	\$294.87

Financial Summary

Total Billed: 44004.42

Total Deductible: 41956.75

Total Coinsurance: 51540.9

Total Amount: 44321.58

Lab Results

Hemoglobin: 14.997688424911402 (Normal Range: 13.8-17.2 g/dL for men, 12.1-15.1 g/dL for women)

White Blood Cell (WBC) Count: 8377.401504847476 (Normal Range: 5,000 to 10,000/mcL)

Red Blood Cell (RBC) Count: 4.624704973354314 (Normal Range: 4.5 to 5.5 million/mcL)

Red Blood Cell (RBC) Count: 5.393708954122822 (Normal Range: 4.5 to 5.5 million/mcL)

Prescribed Medications

Hydrochlorothiazide 25 MG Oral Tablet for Prediabetes

amLODIPine 2.5 MG Oral Tablet for Essential hypertension (disorder)

Acetaminophen 300 MG / Hydrocodone Bitartrate 5 MG Oral Tablet for Essential hypertension (disorder)