Patient Information

Name: Milan Lesch

Address: 1093 Pfannerstill Green, South Patrick Shores, Florida 0

Policy Number: ee85f475-92ec-4e7a-b669-c571b1e7c0a9

Claim Number: 8c3403f1-dee4-4476-a9ae-95fe80e7110c

Provider Information

Provider Name: HOLY CROSS URGENT CARE

Hospital: HOLY CROSS URGENT CARE

Place of Service: 1115 S FEDERAL HWY, FORT LAUDERDALE, FL 333161256

Medicines

Prescription	Reason
Hydrochlorothiazide 25 MG Oral Tablet	Anemia (disorder)
24 HR tacrolimus 1 MG Extended Release Oral Tablet	Essential hypertension (disorder)
Acetaminophen 325 MG / Oxycodone Hydrochloride 10 MG Oral Tablet [Percocet	Essential hypertension (disorder)
1 ML Epoetin Alfa 4000 UNT/ML Injection [Epogen]	Essential hypertension (disorder)
lisinopril 10 MG Oral Tablet	nan
Amoxicillin 250 MG Oral Capsule	Childhood asthma
lisinopril 10 MG Oral Tablet	nan

Claims

Provider	Service Date	Amount Billed
61a81265-2213-3abb-ac34-93cb82f04dca	2020-02-26	\$3749.36
61a81265-2213-3abb-ac34-93cb82f04dca	2021-01-04	\$6390.49
61a81265-2213-3abb-ac34-93cb82f04dca	2020-10-05	\$1418.91
61a81265-2213-3abb-ac34-93cb82f04dca	2020-08-30	\$5346.77
61a81265-2213-3abb-ac34-93cb82f04dca	2021-04-09	\$7183.65
61a81265-2213-3abb-ac34-93cb82f04dca	2020-02-04	\$6141.24
61a81265-2213-3abb-ac34-93cb82f04dca	2021-08-16	\$150.36
61a81265-2213-3abb-ac34-93cb82f04dca	2021-11-24	\$3901.28