

Patient Information

Name: Jack O'Connell

Address: 957 Tremblay Station Unit 25, Jacksonville, Florida 32208

Policy Number: cd47aa73-72cf-439d-971c-4a21018120c7

Claim Number: 36aadf1d-5797-4c56-89f6-d9b51ec23d2f

Provider Information

Provider Name: SUNRISE URGENT CARE ASSOCIATES LLC

Hospital: SUNRISE URGENT CARE ASSOCIATES LLC

Place of Service: 3444 LITHIA PINECREST ROAD, VALRICO, FL 335966301

Medicines

Prescription	Reason
1 ML Epoetin Alfa 4000 UNT/ML Injection [Epogen]	nan
insulin isophane human 70 UNT/ML / insulin regular human 30 UNT/ML Injectable Suspension [Humulin]	Prediabetes
1 ML Epoetin Alfa 4000 UNT/ML Injection [Epogen]	Essential hypertension (disorder)
Acetaminophen 160 MG Chewable Tablet	Prediabetes
Hydrochlorothiazide 25 MG Oral Tablet	nan

Claims

Provider	Service Date	Amount Billed
1ce7b790-ab4b-3763-a3cf-8ff8e95ae79b	2020-12-05	\$8230.32