

# Explanation of Benefits

## Patient Information

**Name:** Derick Ortiz

**Address:** 459 Hintz Light, Lake Worth, Florida 33460

**Contact:** (320)606-6200x4287

**Policy Number:** 465d9eb6-c013-4445-b656-8d68b6d59200

**Claim Number:** 926ccae2-5a7e-4327-982e-0c276dbfd843

**Claim Date:** 2022-04-05

## Provider Information

**Name:** JOHNS HOPKINS ALL CHILDREN'S HOSPITAL INC

**Address:** 501 6TH AVE S, TAMPA, FL 336295017

**Contact:** 001-894-876-9814x58070

**Email:** mary67@example.com

## Services Rendered

Date	Treatment	Total Cost	Insurance Paid	Patient Owes
2022-07-19	Lifestyle education regarding hypertension	\$1,974.66	\$512.28	\$299.98
2021-10-11	Routine antenatal care	\$913.38	\$2,354.40	\$266.62