Medical Claims and Receipts Document

Patient Treatment and Financial Summary

Patient Information

Name: Randolph Hammes

Address: 852 Ruqayya Rest, Coconut Creek, Florida 33073

Policy Number: 06587dfc-ad21-4272-b8ce-8adaccb82ab5

Claim Number: 127964e9-2800-4504-bf37-11aef44c5bfd

Provider Information

Provider Name: MONTEGA FAMILY MEDICINE PA

Hospital: MONTEGA FAMILY MEDICINE PA

Place of Service: 151 COLLEGE DR STE 3, ORANGE PARK, FL 320657684

Services Rendered

Services Rendered		T-1-1 Cost	Insurance Paid	Patient Owes
	Treatment	Total Cost	11124	\$249.76
Date		\$457.64	\$2,276.15	
2021-01-25 Lifestyle educa	Lifestyle education regarding hypertension		\$4,474.48	\$435.91
L U		\$297.40		
2023-10-04	Diabetes self management plan			

Financial Summary

Total Billed: 11552.39

Total Deductibles: 9163.08

Total Co-insurance: 14857.77

Total Amount Owed: 7955.34

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