

# Health Insurance Claim Form

## Claim Details

<b>Claim Number:</b>	fd437201-5dac-4f98-91da-a6eb38ba3502
<b>Claim Date:</b>	2020-01-04

## Patient Details

<b>Patient Name:</b>	Camellia Ritchie
<b>Address:</b>	667 Wolf Passage, West Pensacola, Florida 0

## Provider Details

<b>Provider Name:</b>	UNIHEALTH PRIMARY CARE LLC
<b>Hospital:</b>	UNIHEALTH PRIMARY CARE LLC

## Services Details

Date	Treatment	Total Cost	Insurance Paid	Patient Owes
2023-10-29	Overactivity/inattention behavior management	\$1,638.80	\$3,305.29	\$86.59
2023-03-07	Lifestyle education regarding hypertension	\$1,699.91	\$3,731.16	\$96.29
2022-12-10	Respiratory therapy	\$384.41	\$3,191.19	\$265.20

## Medicines Details

Prescribed	Reason
Hydrochlorothiazide 25 MG Oral Tablet	Diabetes mellitus type 2 (disorder)
insulin isophane human 70 UNT/ML / insulin regular human 30 UNT/ML Injectable Suspension [Humulin]	Essential hypertension (disorder)
NDA020983 200 ACTUAT albuterol 0.09 MG/ACTUAT Metered Dose Inhaler [Ventolin]	Diabetes mellitus type 2 (disorder)
lisinopril 10 MG Oral Tablet	Essential hypertension (disorder)
lisinopril 10 MG Oral Tablet	Hyperlipidemia

Prescribed	Reason
amLODIPine 2.5 MG Oral Tablet	Essential hypertension (disorder)
amLODIPine 2.5 MG Oral Tablet	Hyperlipidemia
amLODIPine 2.5 MG Oral Tablet	nan
1 ML Epoetin Alfa 4000 UNT/ML Injection [Epogen]	Anemia (disorder)

## Lab Results

Test Name	Result	Normal Range
Liver Enzymes (AST & ALT)	23.593152502610355	7-56 units/L
Glomerular Filtration Rate (GFR)	115.54070194199522	90-120 mL/min