

# Explanation of Benefits (EOB)

## Patient Information

**Name:** Zackary Kris

**Address:** 702 Muna Spur, Gainesville, Florida 32603

**Policy Number:** e41b25dc-1116-4b09-baeb-a5775961e0cd

## Provider Information

**Provider Name:** DELTONA HEALTH CARE

**Hospital:** DELTONA HEALTH CARE

**Place of Service:** 1851 ELKCAM BLVD, DELTONA, FL 327253922

## Service Details

Date	Treatment	Total Cost	Insurance Paid	Patient Owes
2023-02-28	Self-care interventions (procedure)	\$2,085.46	\$2,946.39	\$252.28
2022-07-24	Discharge care plan (record artifact)	\$237.81	\$798.06	\$190.50

## Claim Details

Service Date	Billed Amount	Allowed Amount	Deductible	Coinsurance	Amount Paid
2022-10-21	1517.19	7522.0	7330.3	617.79	3104.14
2021-07-08	5349.97	4407.41	9668.12	8529.02	3354.75

## Total Summary

**Total Billed:** 6867.16

**Total Deductible:** 16998.42

**Total Coinsurance:** 9146.81

**Total Amount Paid:** 6458.89

For inquiries, contact:

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Hospital Contact: +1-668-640-0860x791

Hospital Email: michael92@example.org