

Insurance Information Summary

Claim Number: 450af1c4-f507-498d-b76c-048b3f704b7b

Patient Information

Name: Rusty Nikolaus

Address: 606 Effertz Brook Suite 37, Clearwater, Florida 33763

Policy Number: 2dc98258-44e8-456e-924f-2255e8c989e4

Provider Information

Provider Name: CARE WELLNESS CENTER LLC

Hospital/Place of service: CARE WELLNESS CENTER LLC

Services Rendered

Date	Treatment	Total Cost	Insurance Paid	Patient Owes
2020-09-12	Lifestyle education regarding hypertension	\$3,840.12	\$4,409.51	\$346.75
2022-04-21	Self-care interventions (procedure)	\$2,447.41	\$2,734.73	\$411.04
2021-04-29	Musculoskeletal care	\$3,049.75	\$2,078.46	\$347.46
2023-07-22	Routine antenatal care	\$3,071.13	\$1,195.21	\$13.81
2020-05-20	Asthma self management	\$3,264.10	\$773.62	\$155.76
2022-08-08	Infectious disease care plan (record artifact)	\$671.93	\$2,583.78	\$434.95

Claims Details

Provider	Service Date	Procedure	Modifiers	Billed Amount	Allowed Amount	Deductible	Coinsurance	Amount Paid
f0673b8a-f7d7-3014-bb26-9f31374427b4	2022-03-27	4423.92	2499.78	5821.15	6067.67	3916.39	3456.79	3631.74
f0673b8a-f7d7-3014-bb26-9f31374427b4	2021-10-21	6553.04	6430.11	9832.44	5838.01	479.32	1921.31	5437.49

Provider	Service Date	Procedure	Modifiers	Billed Amount	Allowed Amount	Deductible	Coinsurance	Amount Paid
f0673b8a-f7d7-3014-bb26-9f31374427b4	2021-08-09	3701.33	5408.99	798.81	2719.48	2675.17	9510.85	6449.94
f0673b8a-f7d7-3014-bb26-9f31374427b4	2020-05-26	382.28	5767.5	828.24	7730.76	6747.1	7404.62	6256.35
f0673b8a-f7d7-3014-bb26-9f31374427b4	2023-01-27	491.93	3904.37	4455.09	7044.72	2545.55	3825.87	5605.03
f0673b8a-f7d7-3014-bb26-9f31374427b4	2022-11-08	1673.31	4539.06	5311.77	1669.65	7834.17	7827.14	7552.14
f0673b8a-f7d7-3014-bb26-9f31374427b4	2020-11-11	5935.04	3766.47	170.38	8589.09	6397.75	838.62	7656.37