

Insurance Information Summary

Claim Number: 62e8ec83-c908-4e53-b1f6-9b46d3beb642

Patient Information

Name: Rane Dicki

Address: 509 Sporer Wynd Suite 10, The Crossings, Florida 0

Policy Number: 002388f1-a347-4fac-991b-991090c61385

Provider Information

Provider Name: COASTAL PLUS MEDICAL CENTER INC

Hospital/Place of service: COASTAL PLUS MEDICAL CENTER INC

Services Rendered

Date	Treatment	Total Cost	Insurance Paid	Patient Owes
2023-11-24	Lifestyle education regarding hypertension	\$3,433.94	\$416.82	\$215.04
2020-04-10	Respiratory therapy	\$3,254.80	\$3,752.23	\$393.74
2020-04-06	Diabetes self management plan	\$2,597.84	\$2,250.61	\$242.90
2020-01-30	Physiotherapy care plan (record artifact)	\$656.53	\$2,250.80	\$335.21

Claims Details

Provider	Service Date	Procedure	Modifiers	Billed Amount	Allowed Amount	Deductible	Coinsurance	Amount Paid
b5843eb1-1e22-3645-a365-5b6c082ee89b	2022-01-26	4197.03	8940.87	8943.1	1273.22	9270.61	8247.09	369.68