

# Medical Record

## Patient Information

**Name** Tomeka Mayer

**Address** 358 Denesik Haven, Satellite Beach, Florida 32937

## Medical Record Summary

## Chronological Medical History

Date	Treatment	Total Cost	Insurance Paid	Patient Owes
2020-09-20	Routine antenatal care	\$4,282.85	\$2,927.52	\$219.92
2021-12-31	Respiratory therapy	\$4,122.25	\$4,261.43	\$39.90
2021-12-01	Fracture care	\$1,118.77	\$1,597.60	\$99.20
2022-08-16	Care plan (record artifact)	\$1,597.10	\$2,347.39	\$210.30
2021-09-15	Infectious disease care plan (record artifact)	\$1,138.80	\$3,283.02	\$349.05
2020-02-20	Routine antenatal care	\$1,387.04	\$2,998.72	\$394.16
2022-03-31	Diabetes self management plan	\$2,814.30	\$3,179.89	\$340.39
2021-05-11	Therapy (regime/therapy)	\$3,897.82	\$2,087.55	\$298.65
2023-02-01	Diabetes self management plan	\$3,701.83	\$3,936.86	\$111.95
2023-09-18	Routine antenatal care	\$125.49	\$4,444.57	\$12.53

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