

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
04/22/22	Laboratory	\$437.00	\$0.00		
	Florida Blue Payments		\$207.83		
	Deductible: \$229.17		\$207.83		
04/22/22	Florida Blue Adjustments	\$437.00	\$207.83	\$0.00	\$229.17
	Service Total				
		\$437.00	\$207.83	\$0.00	\$229.17
	Totals				

Statement of Services as of  
04/13/22

Page 2 of 2

## ACCOUNT DETAILS

### Hospital Services

Patient Name: [REDACTED]  
Service #: [REDACTED]  
Outpatient From: 03/07/22 To: 03/07/22

THE JOHNS HOPKINS ALL CHILDREN'S HOSPITAL  
Primary Payor:  
Secondary Payor:

**Important message about your account:** We have not received payment for this service. Please make your payment within 15 days **to remain in good standing.**

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
	Laboratory	\$437.00			
	Patient Adjustments			\$343.66	
	Service Total	\$437.00	\$0.00	\$343.66	\$93.34
	Totals	\$437.00	\$0.00	\$343.66	\$93.34