



american family care URGENT CARE

Date of Visit: June 26, 2022
Seen By: Pamela Van De Cappelle
Location: AFC Urgent Care Tyrone
2241 66th St N
St. Petersburg, FL 33710-3921
727-273-1700

Guarantor:
Patient Name: Johan Jongsma
851 BRIGHTWATERS BLVD NE
SAINT PETERSBURG, FL 33704
DOB: 03/25/1965 Gender: M

CIGNA
CIGNA 182223
PO BOX 182223
CHATTANOOGA, TN 37422
Policy Holder: Tatyana Jongsma
Relation:
DOB: 10/7/1974
Gender: F
Employer:

Group #: 00633644
Insurance #: 107120746
Effective Date: 6/26/2022
Type: Primary

UNITED HEALTHCARE
UNITED HEALTHCARE 30555
PO BOX 30555
SALT LAKE CITY, UT 84130
Policy Holder: TATYANA BUSEL JO
Relation:
DOB: 10/7/1974
Gender: F
Employer:

Group #: 716763
Insurance #: 966641730
Effective Date: 9/29/2020
Type: Primary

Visit Date:	Description:	Qty
06/26/22	[99213] - OFFICE EVALUATION AND MANAGEMENT SI	1
06/26/22	{A COVID} - COVID ANTIGEN TEST	1
06/26/22	[G8483] - FLU IMM NO ORD/ADMIN DOC REA	1

Total Payments: \$150.00

Clinical Summary Report

Chief Complaint

Patient comes in today for a COVID. (SOURCE: Patient)

PMH

There are no illnesses or recognized medical history relating to this patient's present illness.

Cur Rx

Patient is not currently on any medications

Allergies

Active: No known allergies; No known drug allergies; No known non-drug allergies

Procedures

COVID ANTIGEN TEST {A COVID} QTY (1) [Completed by: abell.drx97], Results: Negative
FLU IMM NO ORD/ADMIN DOC REA [G8483] QTY (1)

A/P

This is not a bill, receipt purposes only. Charges are subject to review by Medical Director and Coding Specialist and may be adjusted if necessary. Current balance reflects payments made prior to claim submission to insurance company.



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URGENT CARE

A/P

Encounter for screening for COVID-19 (Z11.52) - Uncomplicated

Diagnosis discussed with patient

Discharge Instructions were given by the physician.

You have tested negative for the Covid -19 antigen. You may return to school/work.

Dr. Van de Cappellen, Alina
6/26/22



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Relation: **Insurance #:** 107120746
DOB: 10/7/1974 **Effective Date:** 6/26/2022
Gender: F **Type:** Primary
Employer:

Visit Date:	Description:	Qty
06/26/22	[99203] - OFFICE EVALUATION AND MANAGEMENT SI	1
06/26/22	{A COVID} - COVID ANTIGEN TEST	1
06/26/22	[G8483] - FLU IMM NO ORD/ADMIN DOC REA	1

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P. Van de Cappel
APC
6/26/22

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