

MEDICAL BILLING STATEMENT

CENTRAL MEDICAL ASSOCIATES
Healthcare Plaza, Suite 200
1550 Medical Center Drive
Austin, TX 78701
Phone: (512) 555-3344
Fax: (512) 555-3345
NPI: 1234567890

PATIENT:
Tailspin Toys Insurance Claims Dept
4400 Corporate Plaza
Austin, TX 78759

CLAIM#: CMA-2024-8876
DATE OF SERVICE: September 28, 2024
PROVIDER: Dr. Amanda Rodriguez, MD
PATIENT ID: TT-EMP-4521
INVOICE DATE: October 19, 2024

SERVICES RENDERED

CPT Code	Description	Units	Charge	Insurance	Patient Due
99213	Office Visit - Established Patient	1	\$145.00	\$116.00	\$29.00
85025	Complete Blood Count	1	\$35.00	\$28.00	\$7.00
80053	Comprehensive Metabolic Panel	1	\$65.00	\$52.00	\$13.00
93000	Electrocardiogram	1	\$75.00	\$60.00	\$15.00

TOTAL CHARGES: \$320.00
INSURANCE PAYMENT: \$256.00
PATIENT COPAY: \$64.00

AMOUNT DUE FROM PATIENT: \$64.00

DIAGNOSIS CODES:
- Z00.00 - Routine Adult Health Examination
- E11.9 - Type 2 Diabetes Mellitus

PAYMENT INFORMATION:
Payment due within 30 days of statement date
For payment questions, call: (512) 555-3344 ext. 125

INSURANCE INFORMATION:
Primary: Tailspin Health Plan
Policy #: THP-4521-2024
Group #: TAILSPIN-CORP