
PATIENT ESTIMATE

ID: #EN-20170224-00

Encounter Details

<i>Patient Name</i>	Charles Green
<i>Guarantor</i>	Self
<i>Diagnosis</i>	M79.672 – Pain in left foot
<i>Procedure</i>	73718 – MRI Foot WO Contrast Left
<i>Duration</i>	90 Minutes
<i>Date of Service</i>	02/24/2017
<i>Ordering Physician</i>	Dr. Glendon, Wilfred
<i>Department / Location</i>	Radiology - Austin Hospital

Financial Details

<i>Estimated Charges</i>	\$ 1,050.00
<i>Insurance Discount</i>	\$ 367.00
<i>Total Allowed</i>	\$ 683.00
<i>Expected Insurance Portion</i>	\$ 0.00
<i>Deductible</i>	\$ 683.00
<i>Co-Pay</i>	\$ 0
<i>Co-Insurance</i>	\$ 0
<i>Patient Portion</i>	\$ 683.00
<i>Amount Collected</i>	\$0
<i>Amount Due</i>	\$ 683.00

Disclaimer

The information provided is a best estimate based on the information available and is not a guarantee of what you will be charged.