

**Sunrise Family Clinic**

123 Wellness Ave, Springfield, XY 45678

Phone: (555) 123-4567 | Fax: (555) 987-6543

**Medical Invoice**

**Invoice Number:** INV-20250402-002

**Date of Issue:** April 2, 2025

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**Patient Information:**

**Patient ID:** PT-6523147

**Name:** Emily Carter

**Date of Birth:** November 3, 1993

**Provider Information:**

**Physician:** Dr. Marcus Bennett

**Facility:** Sunrise Family Clinic

**Date of Service:** February 10, 2024

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**Medical Services Rendered:**

**Diagnosis Code:** J02.9 (Acute Pharyngitis, Unspecified)

**Procedure Code:** 99213 (Office/Outpatient Visit)

**Total Billed Amount:** \$120.00

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**Insurance Information:**

**Insurance Provider:** SilverCare Health Plan

**Claim ID:** CLM-20250402-002

**Claim Status:** Denied

**Reason for Denial:** Incomplete Documentation

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**Payment Instructions:**

- If you have any questions regarding this invoice or need assistance with resubmitting documentation, please contact our billing department at (555) 123-7890.

- Payments can be made via check, credit card, or online at [www.sunrisefamilyclinic.com/payments](http://www.sunrisefamilyclinic.com/payments).

Thank you for choosing Sunrise Family Clinic for your healthcare needs!

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**Disclaimer:** This invoice is for informational purposes only. Patients should verify coverage and reimbursement eligibility with their insurance provider.