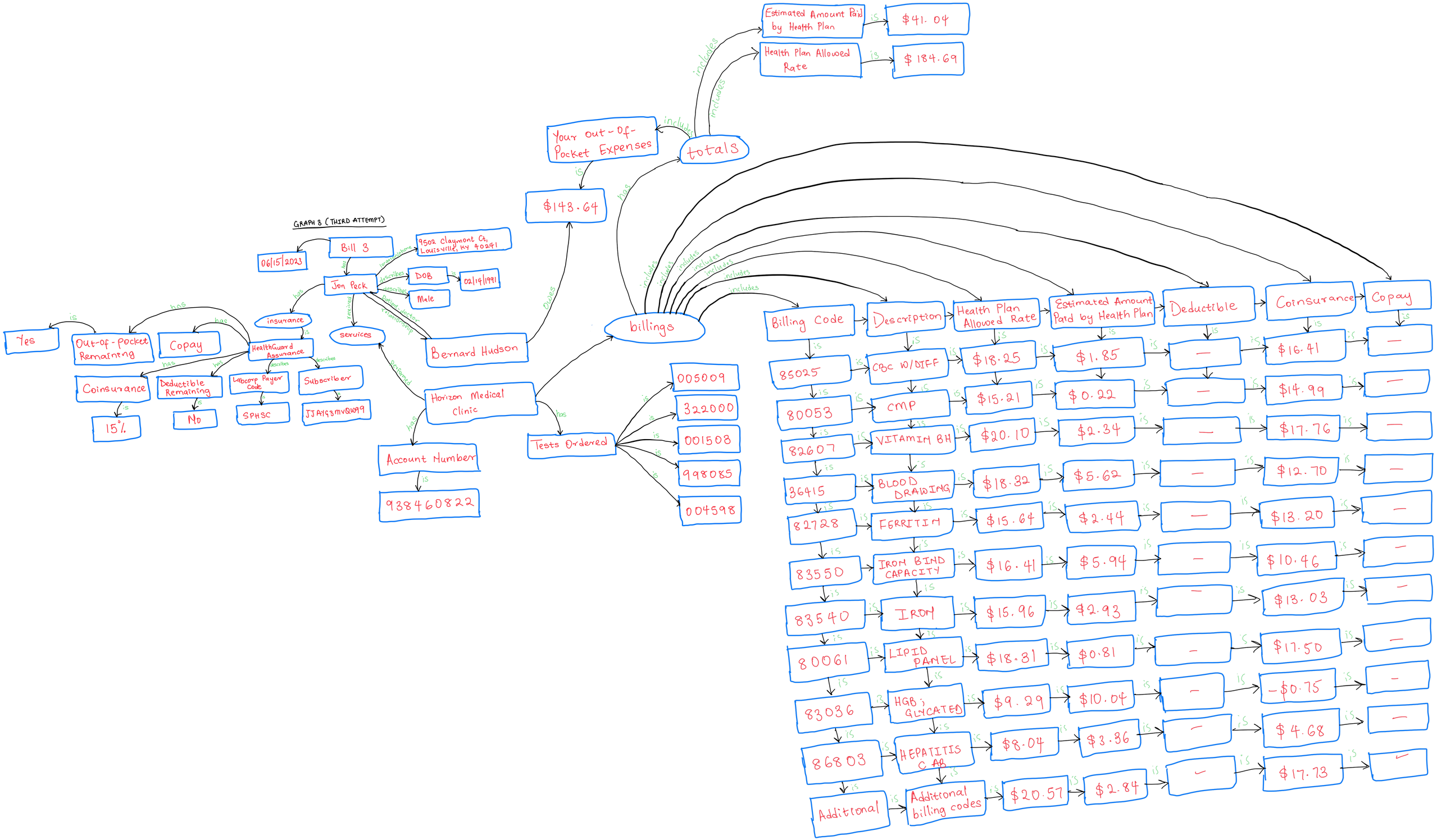
GRAPH 3 (THIRD ATTEMPT)
Bill 3
06/15/2023
Jon Peck
9502 Claymont Ct, Louisville, KY 40241
DOB
02/14/1991
Male
insurance
HealthGuard Assurance
Yes
Out-of-Pocket Remaining
15%
Copay
Coinsurance
Deductible Remaining
No
Labcorp Payer Code
SPHSC
Subscriber
JJA4Q3MVQU99
services
Bernard Hudson
Horizon Medical Clinic
Account Number
938460822
$143.64
Your out-of-Pocket Expenses
totals
Estimated Amount Paid by Health Plan
$41.04
Health Plan Allowed Rate
$184.69
Tests Ordered
005009
322000
001508
998085
004598
billings
Billing Code
Description
Health Plan Allowed Rate
Estimated Amount Paid by Health Plan
Deductible
Coinsurance
Copay
85025
CBC W/DIFF
$18.25
$1.85
—
$16.41
—
80053
CMP
$15.21
$0.22
—
$14.99
—
82607
VITAMIN B12
$20.10
$2.34
—
$17.76
—
36415
BLOOD DRAWING
$18.32
$5.62
—
$12.70
—
82728
FERRITIN
$15.64
$2.44
—
$13.20
—
83550
IRON BIND CAPACITY
$16.41
$5.94
—
$10.46
—
83540
IRON
$15.96
$2.93
—
$13.03
—
80061
LIPID PANEL
$18.31
$0.81
—
$17.50
—
83036
HGB; GLYCATED
$9.29
$10.04
—
-$0.75
—
86803
HEPATITIS C AB
$8.04
$3.36
—
$4.68
—
Additional
Additional billing codes
$20.57
$2.84
—
$17.73
—