

Patient Name - Billing Summary

Total Expenses		
XXXX Medical Center	ER Visit	\$13,272.00
XXXX Chiropractic, Inc.	Initial Evaluation	\$200.00
J Lucas Koberda, MD, PhD, Neurology, PL	Office Visits	\$4,245.00
XXXX Imaging	MRI of Brain	\$2,225.00
Total		\$19,942.00

XXXX Medical Center		
12/17/YYYY	CT head/brain	\$4,814.00
12/17/YYYY	CT maxi facial	\$5,752.00
12/17/YYYY	Medication	\$11.00
12/19/YYYY	ER Visit	\$1,176.00
12/20/YYYY	Medication	\$322.00
12/21/YYYY	ER Visit	\$1,197.00
Total		\$13,272.00

XXXX Chiropractic, Inc.		
12/28/YYYY	Initial Evaluation	\$200.00
Total		\$200.00

XXXX, MD, PhD, Neurology, PL		
01/15/YYYY	Office Visit	\$350.00
01/22/YYYY	Neuro-Behavioral Test	\$250.00
01/23/YYYY	EEG	\$1,250.00
01/24/YYYY	EEG	\$1,295.00
01/29/YYYY	Office Visit	\$275.00
03/01/YYYY	Office Visit	\$275.00
04/19/YYYY	Office Visit	\$275.00
06/04/YYYY	Office Visit	\$275.00
Total		\$4,245.00

American Health Imaging		
01/22/YYYY	MRI Brain	\$2,225.00
Total		\$2,225.00