

BELLEVUE HOSPITAL CENTER

Patient Billing Statement

Account Number: BH-2024-789456-001
Statement Date: 02/01/2024
Patient: Maria Rodriguez
Date of Service: 01/15/2024
Billing Address: 456 East 78th Street, Apt 4B, New York, NY 10075

ITEMIZED CHARGES:

CPT Code	Description	Quantity	Amount
99285	Emergency Dept Visit - Level 5 (High Severity)	1	\$1,850.00
72125	CT Cervical Spine without Contrast	1	\$1,200.00
72131	CT Lumbar Spine without Contrast	1	\$1,200.00
73030	X-ray Shoulder, Complete	1	\$285.00
96372	Therapeutic Injection	2	\$180.00
99070	Cervical Collar Supply	1	\$125.00
A0427	Ambulance Transport, Advanced Life Support	1	\$1,450.00
		SUBTOTAL:	\$6,290.00

PAYMENT SUMMARY:

Total Charges:	\$6,290.00
Insurance Payment (State Farm PIP):	-\$5,032.00
Insurance Adjustment:	-\$628.00
Patient Responsibility:	\$630.00
Amount Due:	\$630.00

INSURANCE INFORMATION:

Primary: State Farm - Policy #SF-2024-78901-NY (No-Fault/PIP)
Claim Status: PAID - \$5,032.00 received 01/28/2024
Remaining PIP Benefits: \$44,968.00

MEDICAL LIEN NOTICE:

A medical lien in the amount of \$630.00 has been filed with respect to any third-party liability recovery. This lien attaches to any settlement or judgment obtained against the responsible party. Please notify our billing department of any legal representation.

For billing inquiries: (212) 562-4141

Payment due within 30 days