

# STANFORD HEALTH CARE

Stanford Hospital

300 Pasteur Drive, Stanford, CA 94305

Phone: (650) 723-4000 | Fax: (650) 723-6450

## STATEMENT OF SERVICES

## ACCOUNT SUMMARY

**Statement Date:** January 08, 2025  
**Statement Number:** SHC-2025-00847  
**Patient Account:** PAT-847291  
**Date of Service:** January 05, 2025

**Total Charges:** \$4,287.50  
**Amount Paid:** \$0.00  
**Insurance Pending:** \$0.00  
**BALANCE DUE:** **\$4,287.50**

## PATIENT INFORMATION

## GUARANTOR INFORMATION

**Patient Name:** Jennifer Martinez  
**Date of Birth:** 03/15/1989  
**Medical Record #:** MRN-554892  
**Insurance:** Blue Shield of CA  
**Policy Number:** BS-CA-8847291

**Guarantor Name:** Jennifer Martinez  
**Address:** 742 Evergreen Terrace  
Palo Alto, CA 94301  
**Phone:** (650) 555-0134

## DIAGNOSIS & VISIT INFORMATION

Primary Diagnosis: S93.402A - Sprain of unspecified ligament of left ankle, initial encounter

Visit Type: Emergency Department Level 5 (High Complexity)

Attending Physician: Dr. Michael Chen, MD - Emergency Medicine

Chief Complaint: Left ankle pain and swelling after basketball injury

Date	CPT/HCPCS	Description	Qty	Unit Price	Total
01/05/2025	99285	ER Visit - Level 5 (High Complexity)	1	\$1,850.00	\$1,850.00
01/05/2025	G0380	ER Facility Fee Level 5	1	\$450.00	\$450.00
01/05/2025	73610	Ankle X-Ray Complete (3+ views)	1	\$385.00	\$385.00

01/05/2025	73610	Ankle X-Ray Complete (3+ views)	1	\$385.00	\$385.00
01/05/2025	99070	Medical Supplies - Ankle Splint	1	\$275.00	\$275.00
01/05/2025	73700	CT Scan Lower Extremity w/o Contrast	1	\$680.00	\$680.00
01/05/2025	36415	Venipuncture - Blood Draw	1	\$25.00	\$25.00
01/05/2025	80053	Comprehensive Metabolic Panel	1	\$45.00	\$45.00
01/05/2025	J1100	Dexamethasone Injection 1mg	4	\$18.00	\$72.00
01/05/2025	J2550	Promethazine HCl Injection 50mg	1	\$22.50	\$22.50
01/05/2025	97140	Manual Therapy (Manipulation)	1	\$65.00	\$65.00
01/05/2025	A4590	Medical Supply - Elastic Wrap	2	\$16.00	\$32.00

**Subtotal:** \$4,287.50

**Tax:** \$0.00

**Adjustments:** \$0.00

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**TOTAL DUE: \$4,287.50**

## PAYMENT INFORMATION & IMPORTANT NOTES

- Payment is due within 30 days of statement date. For payment arrangements, call (650) 723-5555.
- If you have insurance, we will bill your insurance carrier directly. You are responsible for any portion not covered.
- For billing questions or to request an itemized statement, contact Patient Financial Services at [billing@stanfordhealthcare.org](mailto:billing@stanfordhealthcare.org)
- This is an itemized statement. Please retain for your records and insurance filing.
- To dispute any charges, please submit a written request within 30 days to: Patient Financial Services, 300 Pasteur Drive, Stanford, CA 94305

Financial Assistance: Stanford Health Care offers financial assistance programs. Call (650) 723-5555 or visit [stanfordhealthcare.org/billing](https://stanfordhealthcare.org/billing)