

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	Total Charges:	\$4,287.50
Statement Number:	SHC-2025-00847	Amount Paid:	\$0.00
Patient Account:	PAT-847291	Insurance Pending:	\$0.00
Date of Service:	January 05, 2025	BALANCE DUE:	\$4,287.50

PATIENT INFORMATION

GUARANTOR INFORMATION

Patient Name:	Jennifer Martinez	Guarantor Name:	Jennifer Martinez
Date of Birth:	03/15/1989	Address:	742 Evergreen Terrace
Medical Record #:	MRN-554892		Palo Alto, CA 94301
Insurance:	Blue Shield of CA	Phone:	(650) 555-0134
Policy Number:	BS-CA-8847291		

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

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
- 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