

Test Clinic
3835 SE Center St.
Portland, OR 97202
Phone: (503) 234-1120, Fax: (503) 234-1119

Krusty Klown
123 Main Street
Portland, OR 97202

INVOICE

PATIENT DEMOGRAPHICS	GUARANTOR AND INSURANCE INFORMATION
Klown, Krusty Date of Birth: 05/13/2010	Moda; ID: 1231; Group: 12412; Klown, Krusty Crazy; ID: 20223; Group: 235023; Klown, Krusty ODS; ID: 2302; Group: 250352; Klown, Krusty
DATE OF SERVICE	DATE OF INVOICE
August 16th, 2013	February 14th, 2014
DIAGNOSES	PROVIDER
Secondary diabetes mellitus not stated as uncontrolled, or unspecified [249.00]	Michael Chen, MD

Please send a check payable to Test Clinic and mail it to:
3835 SE Center St.
Portland, OR 97202

PROCEDURE	UNITS	DESCRIPTION	CHARGE
10205	1	Help Me!	\$200.00
99214	1	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	\$150
99213	1	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	\$100.00
sptax	1	Sales Tax	\$63.79
sp004	4	Trust	\$50.00
sp004	4	Trust	\$50.00
sp004	3	Trust	\$50.00
sp001	1	Testosty4	\$30.00
81025	1	Urine pregnancy test, by visual color comparison methods	\$25.00
10204	1	Help!	\$20.00
sp001	7	Testosty4	\$20
87880	1	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A	\$
86200	1	Heterophile antibodies;	e

00000	1	screening	\$
81002	1	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	\$
17000	1	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	\$
Total Charges:			\$1,278.79
Total Payments:			\$0.00
Remaining Balance:			\$1,278.79