

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

PROCEDURE	UNITS	DESCRIPTION	CHARGE
10205	1	Help Me!	\$200.00
PROCEDURE	UNITS	DESCRIPTION	CHARGE
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

PROCEDURE	UNITS	DESCRIPTION	CHARGE
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
PROCEDURE	UNITS	DESCRIPTION	CHARGE
sptax	1	Sales Tax	\$63.79
PROCEDURE	UNITS	DESCRIPTION	CHARGE
sp004	4	Trust	\$50.00
PROCEDURE	UNITS	DESCRIPTION	CHARGE
sp004	4	Trust	\$50.00
PROCEDURE	UNITS	DESCRIPTION	CHARGE
sp004	3	Trust	\$50.00
PROCEDURE	UNITS	DESCRIPTION	CHARGE
sp001	1	Testosty4	\$30.00
PROCEDURE	UNITS	DESCRIPTION	CHARGE
81025	1	Urine pregnancy test, by visual color comparison methods	\$25.00
PROCEDURE	UNITS	DESCRIPTION	CHARGE
10204	1	Help!	\$20.00
PROCEDURE	UNITS	DESCRIPTION	CHARGE
sp001	7	Testosty4	\$20
PROCEDURE	UNITS	DESCRIPTION	CHARGE
87880	1	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A	\$
PROCEDURE	UNITS	DESCRIPTION	CHARGE
86308	1	Heterophile antibodies; screening	\$
PROCEDURE	UNITS	DESCRIPTION	CHARGE
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	\$
PROCEDURE	UNITS	DESCRIPTION	CHARGE
17000	1	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	\$
		<b>Total Charges:</b>	<b>\$1,278.79</b>
		<b>Total Payments:</b>	<b>\$0.00</b>
		<b>Remaining Balance:</b>	<b>\$1,278.79</b>

Please send a check payable to Test Clinic and mail it to:  
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