

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**

Klown, Krusty  
Date of Birth: 05/13/2010

**GUARANTOR AND INSURANCE  
INFORMATION**

Moda; ID: 1231; Group: 12412; Klown,  
Krusty

Crazy; ID: 20223; Group: 235023;  
Klown, Krusty

ODS; ID: 2302; Group: 250352; Klown,  
Krusty

**DATE OF SERVICE**

August 16th, 2013

**DATE OF INVOICE**

February 14th, 2014

**DIAGNOSES**

Secondary diabetes mellitus  
not stated as uncontrolled, or  
unspecified [249.00]

**PROVIDER**

Michael Chen, MD

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

PROCEDURE	UNITS	DESCRIPTION	CHARGE
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99214	1	<p>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.</p>	\$150
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PROCEDURE	UNITS	DESCRIPTION	CHARGE
99212	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	\$100.00

99213

1

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

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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
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sp001                      7                      Testosty4                      \$20

PROCEDURE	UNITS	DESCRIPTION	CHARGE
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87880	1	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A	\$
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PROCEDURE	UNITS	DESCRIPTION	CHARGE
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86308	1	Heterophile antibodies; screening	\$
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PROCEDURE	UNITS	DESCRIPTION	CHARGE
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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	\$
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PROCEDURE	UNITS	DESCRIPTION	CHARGE
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17000	1	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	\$
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**Total Charges:** **\$1,278.79**

**Total Payments:** **\$0.00**

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**Remaining Balance:** **\$1,278.79**

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