

Riverside Medical Center
Emergency Department
456 River Road, New York, NY 10002

Patient: Jamie Chen
Date of Service: 2025-03-18
Account Number: ER-204587

SUMMARY OF EMERGENCY VISIT

Triage Assessment and Physician Evaluation
CPT 99284

Service: Emergency department visit, moderate severity
CPT 99284

Billed Amount: 650.00

Insurance Payment: 400.00

Patient Responsibility (as printed on bill): 250.00

For this type of visit, in-network allowed amounts are often lower than the billed charge.

Based on a typical coinsurance, you might expect to owe closer to 130.00.

TOTAL AMOUNT DUE: 250.00

Please remit payment to:
Riverside Medical Center
Attn: Patient Financial Services
PO Box 22222
New York, NY 10003

This is a sample bill for testing Transparent Bill Assistant OCR and parsing.