

NYC Imaging Center
123 Health Way, New York, NY 10001

Patient: Alex Rivera
Service Date: 05/12/2025
Account Number: 100234567

SUMMARY OF CHARGES

Service: MRI brain without contrast
CPT 70551

Billed Amount: 1800.00
Insurance Payment: 0.00
Patient Responsibility (as printed on bill): 780.00

Based on your health plan, we estimate you should owe around 180.00
for this service if processed correctly.

TOTAL AMOUNT DUE: 780.00

Please remit payment to:
NYC Imaging Center
PO Box 98765
New York, NY 10008

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