

MEDICAL CLAIM

PATIENT: JOHN DOE

DOB: 02/12/1980

CLAIM INFORMATION:

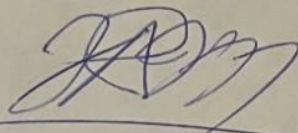
DATE OF SERVICE: 08/15/2024

TYPE: OFFICE VISIT

CPT CODE: 99213

CHARGES: \$200

AMOUNT PAID: \$0.00



JANE SMITH, MD