

Patient Name: John Doe  
Policy Number: BCBS-IL-4578392

Provider: CityCare Hospital  
Date of Service: March 12, 2024

Procedure Description:  
Emergency room visit for chest pain evaluation

CPT Code: 99285  
Diagnosis Code: R07.9

Total Charges: \$3,250.00

Documents Included:  
- Emergency room invoice  
- Provider summary  
- Discharge notes