

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