

Medical Claim Summary

Provider: Carolina Health Clinic

Patient Name: John Smith

Patient ID: P-10492

Date of Service: 2024-03-18

Claim ID: CLM-88321

CPT Code	ICD Code	Description	Billed Amount	Paid Amount
99213	E11.9	Office Visit - Established Patient	\$250.00	\$180.00
80053	R73.09	Comprehensive Metabolic Panel	\$420.00	\$300.00
93000	I10	Electrocardiogram	\$180.00	\$140.00

Total Billed: \$850.00

Total Paid: \$620.00