

Riverside Medical Center

PATIENT BILLING STATEMENT

500 Riverside Drive · Chicago, IL 60611 · (312) 555-0180 ·
billing@riversidemedical.org

Account #: RM-2024-047291

PATIENT NAME	Michael T. Donovan	DATE OF SERVICE	September 5, 2024 Emergency Department —
DATE OF BIRTH	February 22, 1968 (Age 56)	VISIT TYPE	Chest Pain Evaluation Dr. Priya Nair, MD —
PATIENT ID	PT-2024-047291	ATTENDING	Emergency Medicine Chest Pain, Unspecified
ADDRESS	2847 N. Clark Street, Chicago, IL 60657	DIAGNOSIS	(R07.9)

AMOUNT DUE
\$1,800.
00
DUE OCT 31, 2024

INSURANCE INFORMATION

PRIMARY INSURANCE	UnitedHealthcare Choice Plus	POLICY NUMBER	UHC-8841039-IL
MEMBER ID	MTD4471820	GROUP NUMBER	GRP-22019-EMP
PLAN TYPE	PPO — UHC Choice Plus	CLAIM NUMBER	CLM-2024-8812047
CLAIM STATUS	Processed — Payment Received	INSURANCE PAID	\$2,200.00

ITEMIZED CHARGES

DATE	CODE	DESCRIPTION	QTY	CHARGE	PATIENT RESP.
09/05/24	—	Emergency Department Facility Fee — Level 4	1	\$1,800.00	\$900.00
09/05/24	71045	Chest X-Ray, Single View (CPT 71045)	1	\$800.00	\$400.00
09/05/24	93000	Electrocardiogram (ECG) w/ Interpretation (CPT 93000)	1	\$450.00	\$225.00
09/05/24	80053	Comprehensive Metabolic Panel — Lab Panel	2	\$650.00	\$162.50
09/05/24	J3490	Medication — Nitroglycerin 0.4mg Sublingual (J3490)	1	\$300.00	\$112.50

BILLING SUMMARY

Total Billed Charges:	\$4,000.00
Insurance Contractual Adjustment:	(\$800.00)
Amount Billed to Insurance:	\$3,200.00
Insurance Payment (UnitedHealthcare):	(\$2,200.00)
Prior Payments Received:	\$0.00

BALANCE DUE FROM PATIENT:

\$1,800.00

PAYMENT OPTIONS

Mail

PO Box 60100, Chicago, IL
60611

Please review this statement carefully. If you believe any charge is incorrect, contact Patient Billing Services at (312) 555-0120 within 30 days. Financial assistance may be available — ask about our Charity Care Program. To dispute a claim denial, contact UnitedHealthcare Member Services at 1-866-892-8382. Statement Date: September 20, 2024 · Page 1 of 1 · Account: RM-2024-047291