

Hospital name

Patient Name

Hospital address

MRN #

Hospital phone number

INS1

INS2

DOS

| CPT CODE | CLAIM # | DOS (DATE OF SERVICE) | DESCRIPTION OF SERVICE | QTY (QUANTITY) | TOTAL AMOUNT |
|----------|----------|-----------------------|-------------------------------|----------------|--------------|
| 99284 | 55188056 | 1/13/2021 | ER EX/TX RM LEVEL IV | 1 | \$2,268 |
| 85025 | 40020455 | 1/13/2021 | CBC PLATELETS AND DIFF | 1 | \$140 |
| 81003 | 40020232 | 1/13/2021 | URINALYSIS W/O MIC, AUTO | 1 | \$89 |
| 36415 | 40022485 | 1/13/2021 | VENIPUNCTURE (RN) | 1 | \$16 |
| 80048 | 40329377 | 1/13/2021 | METABOL PANEL BASIC | 1 | \$145 |
| 93976TC | 50424688 | 1/13/2021 | US ABDOMEN OR PELVIC DPLX LTO | 1 | \$1,503 |
| 74177 | 50424670 | 1/13/2021 | CT SCAN ABDOMEN | 1 | \$3,273 |

TOTAL CHARGES

\$26,025

TOTAL ADJUSTED CHARGES

\$7,434

TOTAL PAYMENT DUE

\$3,500

TOTAL PATIENT BALANCE DUE

\$3,500

(including unmet deductible amounts)