

**GENERAL HOSPITAL****GUARANTOR:**

Visit Coverage:

VISIT ID:**Patient Name:****Admission Date:****Discharge Date:****Account Balance: \$2,837.34****Charges**

Service Date	Quantity	Procedure	Amount
05/31/2022	1	HC CBC W/ AUTO DIFFERENTIAL	\$172.00
05/31/2022	1	HC COMPREHENSIVE METABOLIC PANEL	\$192.00
05/31/2022	1	HC ECG 12 LEAD TRACING	\$205.00
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05/31/2022	1	HC ECG INTERPRETATION	\$39.00
05/31/2022	1	HC ED VISIT LEVEL 5 W/PROC	\$2,526.00
05/31/2022	1	HC FDP D-DIMER QUANT	\$168.00
05/31/2022	1	HC RADIOLOGIC EXAM CHEST 2 VIEWS	\$383.00
05/31/2022	1	HC TROPONIN T	\$236.00
05/31/2022	1	HC TROPONIN T	\$236.00
05/31/2022	1	LIDOCAINE 2% SOLN 15 ML CUP	\$0.50
05/31/2022	1	MAALOX-HYOSCYAMINE SULFATE SUSP 30 ML BOTTLE	\$2.65
Total Charges			\$4,365.15

Payments and Adjustments

Date	Description	Amount
06/07/2022	SELF PAY ADJUSTMENT	\$1,527.81

A consolidated summary