

Hospital name
Hospital address
Hospital phone number

Patient Name
MRN #
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 PLATELETLS 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)