



Patient:
Hospital Account:

Admission Date: 05/31/22
Discharge Date: 05/31/22

Current Hospital Account Balance: 63.98

Professional Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
05/31/22		94729	DIFFUSING CAPACITY	1	45.00
05/31/22		94726	PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY	1	67.00
05/31/22		94010	RESIST BREATHING CAPACITY TEST	1	50.00
Total professional charges:					162.00

Professional Payments and Adjustments

Date	Description	Amount
06/08/22	Blue Cross Blue Shield INSURANCE PAYMENT	0.00
06/08/22	Blue Cross Blue Shield CONTRACTUAL WRITE-OFF	-98.02
Total professional payments and adjustments:		-98.02

A professional itemized bill