

CITY GENERAL HOSPITAL		MEDICAL BILLING STATEMENT	
Licensed Medical Facility			Statement #: MED-2025-001
123 Health Street			Service Date: 01/15/2025
Medical City, MC 12345			Due Date: 02/15/2025
Phone: (555) 987-6543			Patient ID: PD-2025-001

PATIENT INFORMATION	INSURANCE INFORMATION
Name: John Doe	Primary Insurance: Blue Cross Blue Shield
DOB: 01/15/1980	Policy #: BC123456789
Address: 123 Main St	Group #: GRP001
Phone: (555) 123-4567	Coverage: 80%
	Copay: \$25.00

SERVICE DESCRIPTION	CPT CODE	QUANTITY	FEE	AMOUNT
Cardiology Consultation	99213	1	\$150.00	\$150.00
EKG - 12 Lead	93000	1	\$85.00	\$85.00
Blood Work - CBC	85025	1	\$45.00	\$45.00
X-Ray - Chest	71020	1	\$120.00	\$120.00

BILLING SUMMARY

Total Services: \$400.00
Insurance Coverage (80%): (\$320.00)
Patient Copay: \$25.00
Remaining Balance: \$55.00

AMOUNT DUE: \$55.00