

CAL SERVICES INVOICE

City General Hospital
Department of Cardiology
Licensed Medical Facility

Invoice #: MED-2025-001
Service Date: 01/15/2025
Due Date: 02/15/2025

PATIENT INFORMATION	INSURANCE INFORMATION
Patient Name: John Doe	Primary Insurance: Blue Cross Blue Shield
DOB: 03/15/1980	Policy #: BC123456789
Patient ID: PD-2025-001	Group #: GRP-001
Address: 123 Main St, NY	Copay: \$25.00
Phone: (555) 123-4567	Deductible Remaining: \$500.00

SERVICE DESCRIPTION	CPT CODE	UNITS	FEE	AMOUNT
Cardiology Consultation	99213	1	\$150.00	\$150.00
EKG - 12 Lead	93000	1	\$85.00	\$85.00
Echocardiogram Complete	93307	1	\$450.00	\$450.00
Stress Test - Treadmill	93017	1	\$320.00	\$320.00
Lab Work - Lipid Panel	80061	1	\$65.00	\$65.00

Total Medical Services:	\$1,070.00
Insurance Coverage (80%):	(\$856.00)
Patient Copay:	\$25.00
Patient Responsibility:	\$189.00

AMOUNT DUE FROM PATIENT:	\$189.00
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PAYMENT INFORMATION: Payment is due within 30 days. We accept all major insurance plans, credit cards, and payment plans. This bill complies with HIPAA regulations. For billing questions, contact our Patient Financial Services at (555) 987-6543.