

STATEMENT OF CHARGES
URGENT CARE CENTER
Date of Service: 02/10/2026
Patient Account: #55667788

DESCRIPTION OF SERVICE	CODE	CHARGE

EMERGENCY/OUTPATIENT VISIT L3 (Evaluation and Management)	99283	\$ 450.00
INFECTIOUS AGENT DETECT (STREP) (Rapid Immunoassay)	87880	\$ 85.00

TOTAL CHARGES:		\$ 535.00
INSURANCE PAYMENTS:		\$ 0.00
PATIENT BALANCE:		\$ 535.00