

STATEMENT OF CHARGES

URGENT CARE CENTER

Date of Service: 02/10/2026

Patient Account: #55667788

DESCRIPTION OF SERVICE	CODE	CHARGE
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EMERGENCY/OUTPATIENT VISIT L3 (Evaluation and Management)	99283	\$ 450.00
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INFECTIOUS AGENT DETECT (STREP) (Rapid Immunoassay)	87880	\$ 85.00
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TOTAL CHARGES:	\$ 535.00
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INSURANCE PAYMENTS:	\$ 0.00
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PATIENT BALANCE:	\$ 535.00
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