

Medical Center

Detailed Bill Date: 01/19/22

Account ID
200 [REDACTED]

Guarantor Name & Address
[REDACTED]

Visit ID
43 [REDACTED]

Detailed Bill For

Patient Name: [REDACTED]
Account Class: Inpatient
Attending Physician: [REDACTED]

Total Charges: 40.00
Service Date:
03/10/2021

Professional Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/10/21		71045	XRAY CHEST SINGLE VIEW	1	20.00
03/10/21		74018	XRAY ABDOMEN 1 VIEW	1	20.00

Total professional charges:

40.00

Professional Payments and Adjustments

Date	Description	Amount
03/19/21	Blue Cross Blue Shield or Anthem INSURANCE PAYMENT	-26.43
03/19/21	Blue Cross Blue Shield or Anthem INSURANCE ADJUSTMENT	-13.57

Total professional payments and adjustments:

-40.00

Total Balance: 0.00

Printed by: [REDACTED]