Medical Bill

Date: **October 15, 2050**

Bill Number: **MB2050-0156**

Patient: **Jerrell Lowe**

Account Number: **#123456789**

Bill Summary	Quantity	Unit Price	Total
Consultation Fee	1	$200.00	$200.00
Blood Test	1	$150.00	$150.00
X-Ray Imaging	2	$100.00	$200.00
Medication (Antibiotics)	1	$50.00	$50.00
Total Amount Due			**$600.00**

Insurance Information:

- Insurance Provider: **MindStove Insurance**
- Coverage: **80% of total bill**
- Amount Covered: **$480.00**
- Amount Due from Patient: **$120.00**

Payment Instructions:

- Account Name: **Notable20 Bank**
- Account Number: **1234567890**
- Routing Number: **987654321**

For any questions or payment inquiries, contact us at **[YOUR COMPANY EMAIL]** or call **[YOUR COMPANY NUMBER]**.