

Itemized Statement

Injury Care Network, LLC
14111 E. Alameda Ave., Ste 200
Aurora, CO 80012
303-343-1357
Bethany Wallace, DO

08/21/2023

Fed Tax#: 45-5123759

Theodore Angel (MD)
6002 Grape Dr
Commerce City, CO 80022
Patient ID: 2875

Diagnoses:

S13.4XXA	Cervical Sprain
S16.1XXA	Cervical Strain
S23.3XXA	Thoracic Sprain
S29.012A	Thoracic Strain
S33.5XXA	Sprain lumbar spine
S39.012A	Lumbar Strain
S34.21XA	Lumbar Nerve Root Injury
S43.402A	Sprain: Shoulder, LEFT
S43.401A	Sprain: Shoulder, RIGHT
M79.1	Myalgia
S06.0X0A	Concussion: w/o LOC

Date	Qty	CPT	Description	Amount
1. 03/10/23	1	99205	2023 Wallace NP OV 99205/60min	\$ 739.00
2. 04/07/23	1	99214	2023 Shick EP OV 99214/25min	\$ 594.00
3. 05/05/23	1	99214-95	2023 Wallace EP OV 99214/25min	\$ 550.00
4. 06/23/23	1	99214-95	2023 Wallace EP OV 99214/25min	\$ 550.00
5. 07/21/23	1	99214	2023 Wallace EP OV 99214/25min	\$ 550.00
6. 08/11/23	1	99214	2023 Wallace EP OV 99214/25min	\$ 578.00
Previous Balance				\$ 0.00
Total Services (Charges)				\$ 3561.00
Total Payments				\$ 0.00
Total Adjustments				\$ 0.00
Total for Statement				\$ 3561.00

I received a copy of my bill _____