

\*\*\* Lakeside Medical Center - CLAIM SUPERBILL \*\*\*

PATIENT INFORMATION Name: John Doe DOB: 1985-05-20 Address: 123 Health St, Wellness City, CA 90210

PAYER INFORMATION Payer: HealthFirst Insurance Policy ID: HF-987654321

DATE OF SERVICE: 2024-06-15

--- SERVICE DETAILS ---

Physician Notes: Patient presented with complaints of persistent cough and chest congestion. Examination revealed symptoms consistent with acute bronchitis. No signs of pneumonia. Patient has a history of seasonal allergies.

Procedures Performed:

- Office Visit, established patient, moderate complexity (CPT: 99214)
- Chest X-ray, two views (CPT: 71046)

Diagnoses:

- Acute bronchitis (ICD-10: J20.9)

--- CHARGES --- Office Visit: \$150.00 Chest X-ray: \$250.00

TOTAL AMOUNT: \$400.00