

# MEDICAL BILL

Hospital: Sample Medical Center

Address: 123 Medical St, City, State 12345

## Patient Information:

Name: John Doe

DOB: 1980-01-01

Account #: ACC123456

Date of Service: January 15, 2024

## Services Provided:

Consultation Fee: \$150.00

Laboratory Tests: \$200.00

Medication: \$50.00

Subtotal: \$400.00

Insurance Adjustment: -\$100.00

Total Amount Due: \$300.00

## Insurance Information:

Provider: Blue Cross Blue Shield

Policy Number: BC123456789

Group Number: GRP001

Thank you for choosing our services.