

Sample Medical Bill

Patient Name:	John Doe
Patient ID:	P-102938
Date of Service:	2025-01-15
Provider:	ClearCare Medical Center
Billing Address:	123 Health Ave, Wellness City, TX 75001

Charges

Description	Date	Qty	Unit Price (\$)	Amount (\$)
Emergency Room Visit - Level 3	2025-01-15	1	450.00	450.00
MRI Scan - Brain	2025-01-15	1	3200.00	3200.00
Blood Test - CBC	2025-01-15	1	120.00	120.00
Blood Test - CBC	2025-01-15	1	120.00	120.00
Hospital Services	2025-01-15	1	800.00	800.00

Subtotal:	\$4,690.00
Insurance Adjustment:	-\$2,500.00
Patient Responsibility:	\$2,190.00

This is a sample bill for demonstration purposes only. If you have questions about this statement, contact billing@clearcare.com or call (555) 123-4567.