

John Doe
123 Main St.
Chicago, IL 09876

Guarantor ID:
Statement Date:

Patient: John Doe
Hospital Account: 5678910

Admission Date: 03/24/22
Discharge Date: 03/24/22

Current Hospital Account Balance: 1,001.09

Hospital Charges

Service Date	Rev Code	CPT®/HCPC S Code	Description	Quantity	Amount
03/24/2022	0300	36415	HB VENIPUNCTURE	1	49.00
03/24/2022	0300	82784	HB REF CELIAC SCREEN PANEL, GAMMAGLOBULIN-IGA (Q)	1	108.00
03/24/2022	0301	80053	HB COMPREHENSIVE METABOLIC PANEL	1	368.00
03/24/2022	0301	82306	HB VITAMIN D 25-HYDROXY	1	229.00
03/24/2022	0301	82533	HB CORTISOL	1	255.00
03/24/2022	0301	82728	HB FERRITIN	1	173.00
03/24/2022	0301	83540	HB IRON LEVEL	1	95.00
03/24/2022	0301	84466	HB TRANSFERRIN LEVEL	1	72.00
03/24/2022	0302	86258	HB REF CELIAC SCREEN PANEL, GLIADIN IGA IMMUNOASSAY	1	122.00
03/24/2022	0302	86364	HB REF CELIAC SCREEN PANEL, TTG-IGA IMMUNOASSAY (Q)	1	225.00
03/24/2022	0305	85025	HB CBC WITH DIFFERENTIAL	1	144.00
03/24/2022	0324	71046	HB-XRAY EXAM CHEST 2 VIEWS	1	793.00

Total hospital charges: 2,633.00

Hospital Payments and Adjustments

Date	Description	Amount
03/30/22	Blue Cross Blue Shield BLUE CROSS UPP PAYMENT (INS) Patient Responsibility - 1-Deductible Amount: 1,061.09	-1,571.91
03/24/22	PRE-PAYMENT	-60.00

Total hospital payments and adjustments: -1,631.91