

Dummy OCR Test Document: Mixed Data for Extraction

Section 1: Professional Services Invoice (INV-2025-4589)

Vendor Information Tech Solutions Inc. 123 Main Street, Suite 400 Anytown, CA 90210 USA Phone: (555) 555-1234 Email: billing@techsolutions.com

Billing Details | Field | Data | :--- | :--- | :--- | **Invoice Number** | INV-2025-4589 | **Date of Issue** | 2025-11-27 | **Payment Terms** | Net 30 Days | **Due Date** | 2025-12-27 |

Bill To: Global Corp Ltd. Attn: Accounts Payable 456 Oak Avenue Otherville, NY 10001

Service and Item Details

Item Code	Description	Quantity	Unit Price	Total
SW-LIC001	Software License (Annual Subscription)	2	\$499.00	\$998.00
SUP-005	Premium Support (Monthly, Q4 2025)	12	\$75.00	\$900.00
SVC-SETUP	Initial Setup & Integration Fee	1	\$550.00	\$550.00

FINANCIAL SUMMARY

Subtotal:	\$2,448.00
Sales Tax (8.5%):	\$208.08
TOTAL AMOUNT DUE:	\$2,656.08

Note: Payment can be made via bank transfer or credit card. Please include the invoice number in the transfer reference.

Section 2: Medical Visit Summary & ICD/CPT Codes

Patient Record: Elara Vance

Patient Information | Field | Data | :--- | :--- | :--- | **Patient Name** | Elara Vance | **Date of Birth** | 1985-05-15 | **Patient ID** | PV-851505 | **Visit Date** | 2025-10-20 | **Facility** | Community Health Clinic |

Provider: Dr. Kenneth J. Adams, MD NPI: 1234567890

Clinical Data

Type	Code	Description
Primary Diagnosis (ICD-10)	J45.909	Unspecified asthma, uncomplicated
Secondary Diagnosis (ICD-10)	R05	Cough
Procedure (CPT)	99213	Office or other outpatient visit, established patient
Vitals	BP: 128/82 mmHg	HR: 72 bpm

Physician Notes (Simulated Handwritten/Slightly Obscured Text):

Patient reports recurring nocturnal cough, worsening over the last three weeks. Lungs clear to auscultation. No fever. Will start maintenance therapy with an inhaled corticosteroid. Follow-up scheduled for mid-December. Discussed proper inhaler technique.

Section 3: Insurance Claim Summary

Claim Details (Simulated CMS-1500 Layout)

Insured/Policy Information | Field | Data | | :--- | :--- | | **Policy Number** | INS-PRV-93047 | | **Group Number** | GRP-2023-A | | **Insured Name** | Elara Vance | | **Claim Submission Date** | 2025-11-01 | | **Relationship to Insured** | Self (Code 18) |

Claim Line Item | Box No. | Date(s) of Service | Place of Service | CPT/HCPCS | Diagnosis Pointer | Billed Charge | Paid by Patient | | :--- | :--- | :--- | :--- | :--- | :--- | :--- | | **24A** | 10/20/2025 | 11 (Office) | 99213 | 1 | \$150.00 | \$30.00 | | **24B** | 10/20/2025 | 11 (Office) | J45.909 | | |

Provider Billing Data | Field | Data | | :--- | :--- | | **Provider NPI** | 1234567890 | | **Tax ID** | 98-7654321 | | **Service Location** | 123 Main Street, Suite 200, Anytown, CA 90210 | | **Total Claim Amount** | \$150.00 |

Processing Notes

Status: Pending Review **Adjudication Code:** P001 (Initial Intake Complete)

END OF DOCUMENT THIS DOCUMENT CONTAINS FICTITIOUS DATA FOR OCR TESTING PURPOSES ONLY.