

Itemized Medical Billing Statement

Patient Name:
Jane Doe
Patient ID:
123456789
Date of Service:
2024-06-01
Billing Statement #:
MB-2024-1027
Provider:
City Health Medical Center
Provider Address:
123 Main St, Suite 100, Your City, Country

Itemized Charges

| Date | Procedure/Service Description | CPT/Code | Quantity | Charge | Adjustment | Patient Responsibility |
|------------|-------------------------------|----------|----------|----------|------------|------------------------|
| 2024-06-01 | Consultation - New Patient | 99203 | 1 | \$150.00 | \$30.00 | \$40.00 |
| 2024-06-01 | Blood Test - CBC | 85025 | 1 | \$50.00 | \$10.00 | \$15.00 |
| 2024-06-01 | Urinalysis, Routine | 81001 | 1 | \$35.00 | \$5.00 | \$10.00 |
| 2024-06-01 | Chest X-Ray | 71020 | 1 | \$90.00 | \$20.00 | \$25.00 |

| | |
|----------------------------------|----------|
| Total Charges: | \$325.00 |
| Total Adjustments: | \$65.00 |
| Amount Paid by Insurance: | \$175.00 |
| Patient Due: | \$85.00 |

Important Notes

- This statement provides a detailed breakdown of all services billed for your visit.
- If you have questions regarding your charges, please contact the billing department.
- Timely payment is required to avoid additional fees or collections actions.
- Review insurance adjustments and payments carefully for accuracy.