

# 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.