

Itemized Medical Expense Report

Patient Information

Name	John Doe	Date of Birth	1982-04-15
Patient ID	123456789	Report Date	2024-06-28

Provider Information

Provider Name	Sunrise Medical Clinic	Phone	(555) 123-4567
Address	456 Main Street, Springfield, State, 12345		

Itemized Expenses

Date	Description	Service Code	Provider	Amount (USD)
2024-06-01	Consultation - Initial Visit	99201	Dr. Emily Carter	150.00
2024-06-03	Blood Test Panel	80050	Lab Dept.	95.00
2024-06-10	X-Ray - Chest	71020	Radiology	120.00
2024-06-15	Follow-Up Consultation	99212	Dr. Emily Carter	90.00
Total				455.00

Payment Summary

Payments Made	300.00
Balance Due	155.00

Important Notes

- This document provides a detailed, itemized list of all medical services rendered and associated costs.
- Retain a copy for insurance claims and personal records.
- Ensure all services and charges listed are accurate. Contact your provider if you identify discrepancies.
- Some services may not be fully covered by insurance; check with your provider or insurer for details.