

Outpatient Billing Statement

Patient Name: Jane Doe
Patient ID: 0452331
Date of Birth: 20-Feb-1982
Statement Date: 17-Jun-2024
Account No.: 20240617032
Visit Date: 15-Jun-2024

Provider Details

Facility: Main Street Medical Center
Physician: Dr. Michael Smith
Department: General Medicine

Billing Summary

| Date | Description | CPT/Code | Qty | Charge | Adjustment | Insurance Payment | Patient Responsibility |
|-------------|--------------|----------|-----|----------|------------|-------------------|------------------------|
| 15-Jun-2024 | Office Visit | 99213 | 1 | \$120.00 | -\$40.00 | -\$60.00 | \$20.00 |
| 15-Jun-2024 | Blood Test | 80053 | 1 | \$70.00 | -\$15.00 | -\$45.00 | \$10.00 |
| 15-Jun-2024 | X-ray Chest | 71020 | 1 | \$150.00 | -\$45.00 | -\$80.00 | \$25.00 |
| | | | | \$340.00 | -\$100.00 | -\$185.00 | \$55.00 |

Amount Due: \$55.00

Payment Instructions

Payable To: Main Street Medical Center
Mailing Address: 123 Main Street, City, State, ZIP
Contact: (555) 123-4567
Email: billing@mainstreetmed.com

Please include your Account No. with your payment.

Important Notes

- This statement summarizes charges, adjustments, insurance payments, and your remaining responsibility.
- If you have secondary insurance, submit this statement to your insurer.
- Please contact our billing office promptly if you have questions or believe there is an error.
- Payment is due within 30 days of the statement date to avoid late fees.