

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.