

# Standard Medical Bill

## Provider Details

Provider Name:	Healthy Life Medical Clinic
Address:	456 Wellness Ave, Suite 200, Citytown, State, ZIP
Phone:	(123) 456-7890
Email:	info@healthylifeclinic.com

## Patient Details

Patient Name:	Jane Doe
Date of Birth:	1990-08-12
Patient ID:	PAT-12345
Billing Date:	2024-06-22

## Services and Charges

Date	Description	Procedure Code	Quantity	Unit Price	Amount
2024-06-15	General Consultation	99213	1	\$80.00	\$80.00
2024-06-15	Blood Test - CBC	85027	1	\$30.00	\$30.00
2024-06-15	Urinalysis	81001	1	\$25.00	\$25.00
Total					\$135.00

## Payment Details

Payment Due Date:	2024-07-15
Accepted Payment Methods:	Credit Card, Cash, Bank Transfer

## Important Notes

- This bill summarizes the medical services provided and the corresponding charges.
- Please check with your insurance provider regarding coverage and reimbursement.
- Contact the billing department for any discrepancies or questions about your bill.
- Payment is due by the indicated date to avoid late fees.