

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.