

Medical Claim Summary Sheet

Patient Information

Patient Name	Jane Doe	Date of Birth	1990-05-12
Member ID	1234567890	Claim Number	MC-2024-08542
Provider Name	ABC Health Clinic	Date of Service	2024-05-18

Claim Details

Date	Service/Procedure	Code	Amount Billed	Amount Covered	Patient Responsibility
2024-05-18	Consultation	99213	\$120.00	\$95.00	\$25.00
2024-05-18	Blood Test	80050	\$85.00	\$60.00	\$25.00
2024-05-18	X-ray	71010	\$150.00	\$120.00	\$30.00

Summary

Total Billed	\$355.00
Total Covered by Insurance	\$275.00
Total Patient Responsibility	\$80.00

Important Notes:

- This summary is for informational purposes and does not serve as a final bill.
- Patient responsibility may include deductibles, copayments, or uncovered services.
- Contact your insurance provider for detailed explanations of coverage or denials.
- Keep this document for your records and tax purposes.
- Discrepancies should be reported to the healthcare provider or insurer promptly.