

Outpatient Billing Statement

Sample Medical Center
123 Health Avenue, City, ST 12345
Phone: (123) 456-7890

Statement Date: 2024-06-24

Statement Number: 000123456

Patient Information

Name	Jane Doe	Date of Birth	1990-01-01
Account Number	987654321	Visit Date	2024-06-20
Provider	Dr. John Smith	Patient ID	P1234567

Service Details

Date	Description	Procedure Code	Charge	Insurance Payment	Patient Responsibility
2024-06-20	Consultation	99213	120.00	80.00	40.00
2024-06-20	X-ray Exam	71010	90.00	60.00	30.00
2024-06-20	Lab Tests	85025	45.00	25.00	20.00

Billing Summary

Total Charges:
255.00

Insurance Payments:
165.00

Payments/Adjustments:
0.00

Amount Due:
90.00

Please pay the amount due by the due date indicated on your statement.

For questions about your bill, contact our billing office at (123) 456-7890.

Thank you for choosing Sample Medical Center.