PROVIDER NAME
MEDICAL GROUP

Account Number: 1234567
Patient: PATIENT NAME

Itemized Charges

Date	CPT	Description	Charges	Credits	Balance
1/1/2025	99213	OFFICE VISIT, LEVEL III	250.00		250.00
1/1/2025	80053	METABOLIC PANEL	175.00		425.00
1/1/2025	36415	VENIPUNCTURE	25.00		450.00
1/1/2025		Insurance Payment		0.00	450.00
1/1/2025		Insurance Adjustment Deductible Amount: 350.00		75.00	375.00
1/1/2025		Patient Payment		100.00	275.00

TOTAL CHARGES:	**450.00**
TOTAL PAYMENTS:	**100.00**
TOTAL ADJUSTMENTS:	**75.00**
BALANCE DUE:	**275.00**