

# HOSPITAL BILLING RECORD

Patient: JOHN DOE | ID: #994-22-X

Statement Date: Oct 24, 2023  
Account Status: Pending Insurance

DATE	SERVICE DESCRIPTION	UNIT COST	TOTAL BILLED
10/12/2023	Emergency Room Facility Base Fee	\$1,200.00	\$1,200.00
10/12/2023	Diagnostic Imaging - CT Scan (Abdominal)	\$2,450.00	\$2,450.00
10/12/2023	Laboratory Services - Metabolic Panel	\$340.00	\$340.00
10/13/2023	Pharmacy - IV Administration (Saline/Med)	\$115.00	\$230.00
Gross Charges:			\$4,220.00
Insurance Adjustment:			(\$1,850.00)
Amount Paid by Plan:			(\$1,900.00)
<b>Patient Balance:</b>			<b>\$470.00</b>

This is a billing budget summary for internal records. Not an official tax document. Please contact the Billing Department at (555) 012-3456 for payment arrangements.