



Itemized Statement/Bill Description

<p>1. Provider(s) name, address, and phone number</p>	<div style="border: 1px solid blue; padding: 5px;"> ABC Hospital, LLC 1234 Your Street Anywhere, VA 23223 (123) 456-7890 Phone number (789) 345-6780 Fax number </div>	<p>5. Usual and Customary Charge for each service provided</p>																								
<p>2. Patient Name/Account Number</p>	<p>Patient Name: Jane Doe Account number: 123</p>																									
<p>3. Date(s) of Service (actual dates services were provided)</p>	<table border="1"> <thead> <tr> <th>Date of Service</th> <th>Description/Code</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>07/01/2011</td> <td>Initial Hospital Care-High Comp</td> <td>\$525.00</td> </tr> <tr> <td>07/01/2011</td> <td>Doppler Echo Exam, Heart</td> <td>\$72.00</td> </tr> <tr> <td>07/01/2011</td> <td>Transthoracic Echocardiography</td> <td>\$247.00</td> </tr> <tr> <td>07/01/2011</td> <td>Anesthesiology, Surgery of Femur</td> <td>\$2070.00</td> </tr> <tr> <td>07/01/2011</td> <td>X-Ray Exam of Thigh</td> <td>\$37.00</td> </tr> <tr> <td>07/14/2011</td> <td>Insurance Payment</td> <td>\$2000.00</td> </tr> <tr> <td>07/15/2011</td> <td>Insurance Payment</td> <td>\$800.00</td> </tr> </tbody> </table>	Date of Service	Description/Code	Amount	07/01/2011	Initial Hospital Care-High Comp	\$525.00	07/01/2011	Doppler Echo Exam, Heart	\$72.00	07/01/2011	Transthoracic Echocardiography	\$247.00	07/01/2011	Anesthesiology, Surgery of Femur	\$2070.00	07/01/2011	X-Ray Exam of Thigh	\$37.00	07/14/2011	Insurance Payment	\$2000.00	07/15/2011	Insurance Payment	\$800.00	<p>6. Total Charges adjusted/paid by insurance</p>
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<p>4. Description of the service provided</p>	<p>Total Charges adjusted/paid by insurance \$2951.00 Patient Responsibility \$151.00</p>																									
		<p>7. Charges Due after insurance if applicable</p>																								