

This is a sample of an itemized bill. Not all itemized bills will look exactly like this, but should contain all of these items:

- 1. Provider information
- 2. Patient name
- 3. Date of service
- 4. Description of services (or CPT codes)
- 5. Total charges (including any discounts if applicable)



Your Preferred Provider

1 PO Box Number
City, State 00000

This is an itemization of the healthcare services for:

Patient: 2 Jane R. Doe

Location: AH Pineville

Admit Date: 10/10/21
Discharge Date: 10/10/21

Current Account Balance: \$2,126.67

Hospital Charges

Svc Dt	Code	CPT / HCPCS Code	NDC	Qty	Amount
EMERGENCY ROOM-GENERAL					
3 10/10/21	0450	4 99284		1 5	\$2,579.90
IV THERAPY-GENERAL					
10/10/21	0260			1	\$157.25
LABORATORY-GENERAL					
10/10/21	0301	80053		1	\$400.20
10/10/21	0305	85025		1	\$221.55
10/10/21	0307	81003		1	\$85.65
10/10/21	0307	81025		1	\$117.05
OTHER THERAPEUTIC SERVICES (SEE ALSO 095X, AN EXTENSION OF 094X)-GENERAL					
10/10/21	0940	96374		1	\$222.15
10/10/21	0940	96375		2	\$86.00
PHARMACY-EXTENSION OF 025X-SINGLE SOURCE DRUG					
10/10/21	0636	J2405	60505613005	4	\$45.00
10/10/21	0636	J2550	39822552503	1	\$20.00
PHARMACY-GENERAL					
10/10/21	0250	S0028	63323073912	1	\$20.00

Hospital Payments and Adjustments

Please mail check(s) and correspondence to: Your Preferred Provider, PO Box Number, City, State 00000 1

If you have any questions, please call (704)512-7171.
Si Ud no puedo leer el contenido de esta en Ingles, por favor llamenos al (704)512-7171, opcion #2 Espanol.

Not all itemized bills have CPT codes. However, if there are no CPT codes, we must have a description.

- 1. Provider information
- 2. Patient name
- 3. Date of service
- 4. Description of services (or CPT codes)
- 5. Total charges (including any discounts if applicable)



Your Preferred Provider

1 PO Box Number
City, State 00000

This is an itemization of the healthcare services for:

Patient: 2 Jane R. Doe

Location: AH Pineville

Admit Date: 10/10/21
Discharge Date: 10/10/21

Current Account Balance: \$2,126.67

Hospital Charges

Svc Dt	Code	Description	NDC	Qty	Amount
EMERGENCY ROOM-GENERAL					
3 10/10/21	0450	4 HC ED VISIT LEVEL 4		1	5 \$2,579.90
IV THERAPY-GENERAL					
10/10/21	0260	HC IV INFUSION HYDRATION < 30 MIN		1	\$157.25
LABORATORY-GENERAL					
10/10/21	0301	HC COMPREHENSIVE METABOLIC PANEL (LAB)		1	\$400.20
10/10/21	0305	HC CBC AUTO W/AUTO DIF (LAB)		1	\$221.55
10/10/21	0307	HC URINALYSIS AUTO W/O SCOPE (LAB)		1	\$85.65
10/10/21	0307	HC URINE PREGNANCY TEST VISUAL (LAB)		1	\$117.05
OTHER THERAPEUTIC SERVICES (SEE ALSO 095X, AN EXTENSION OF 094X)-GENERAL					
10/10/21	0940	HC IV PUSH INITIAL INJECTION EA		1	\$222.15
10/10/21	0940	HC IV PUSH INJECTION EA ADDTL NEW		2	\$86.00
PHARMACY-EXTENSION OF 025X-SINGLE SOURCE DRUG					
10/10/21	0636	HC ONDANSETRON HCL 4 MG INJECTION	60505613005	4	\$45.00
10/10/21	0636	HC PROMETHAZINE HCL 25MG/ML INJ 1ML	39822552503	1	\$20.00
PHARMACY-GENERAL					
10/10/21	0250	HC FAMOTIDINE 20MG/2ML VIAL	63323073912	1	\$20.00
		Total Charges			\$3,954.75

Hospital Payments and Adjustments

Please mail check(s) and correspondence to: Your Preferred Provider, PO Box Number, City, State 00000 1

If you have any questions, please call (704)512-7171.
Si Ud no puedo leer el contenido de esta en Ingles, por favor llamenos al (704)512-7171, opcion #2 Espanol.