FICTIONAL SAMPLE BILL – CREATED FOR A STUDY ASSIGNMENT – NOT A REAL BILL

Lakeview Regional Health System

A Fictional Organization · Patient Financial Services · PO BOX 0000 ANYTOWN ST 00000 · Tax ID XX-XXXXXXX · NPI 0000000000

STMT DT: 10/14/26 ACCT#: 000-118274-9 GUAR#: 55190
PG 1 OF 3 CYCLE: 07 FC: MCR/SEC HAR: 7730021
*** PLEASE REMIT ***

GUARANTOR: JANE Q PATIENT PATIENT: JANE Q PATIENT SVC DT: 09/02/26-09/05/26 ADM TYPE: IP ATT PHYS: DR. SAMPLE

DATE	REV CD	CPT/HCPCS	DESCRIPTION	QTY	CHG AMT
09/02	0120		R&B SEMI-PVT MED/SURG	3	6,900.00
09/02	0250	J7050	PHARM GEN CLASS IV SOL 250CC	4	212.00
09/02	0300	80053	LAB CHEM COMP METAB PNL	2	418.00
09/02	0305	85025	LAB HEMAT CBC W/AUTO DIFF	2	164.00
09/03	0324	71046	DX XRAY CHEST 2 VIEWS	1	389.00
09/02	0450	99285	ER LEVEL 5 W/ PROC	1	3,120.00
09/03	0636	J1885	DRUGS REQ DETAIL CODING	6	96.00
09/04	0420	97161	PT EVAL LOW COMPLEX	1	310.00
09/05	0270		MED/SURG SUPPLIES-GEN	11	743.50
			TOTAL CHARGES		12,352.50

Rev Cd = Revenue Code. See reverse for code descriptions. Charges may not reflect final adjudication.

ACCOUNT SUMMARY
Prior Balance 0.00
Total Charges 12,352.50
Ins Pmts (MCR) ..... (9,104.37)
Contractual Adj ..... (1,671.33)
Ins Pmts (SEC) ..... (0.00) PENDING
Pt Pmts 0.00
Other Adj 0.00
ACCT BAL 1,576.80

PAYER	BILLED	STATUS	ALLOWED	PAID	PT RESP
MCR PT A	09/09	PD	10,681.17	9,104.37	1,576.80
SEC SUPP	09/30	PEND	--	--	TBD

Ded/Coins/Copay amts per payer EOB. If secondary ins pays, bal may be reduced. Amt due reflects pt resp prior to SEC adjudication.[1] Interest may accrue.[2] Financial assistance may be avail.[3]

PAST DUE NOTICE MAY FOLLOW

1. Pt resp is estimated. 2. See terms. 3. Call PFS M–F 8:30–4:00 CT, menu option 4, then 2, then 1. Please have acct# and HAR# ready. Online: portal (link on reverse). For itemized stmt request in writing. Disputes must be submitted within 30 days of stmt date. Payments not received by due date subject to collection activity. TDD available.

✂ - - - - - - DETACH AND RETURN BOTTOM PORTION WITH PAYMENT - - - - - - ✂

ACCT# 000-118274-9
STMT DT 10/14/26
MIN PMT DUE: 75.00 (IF ON PLAN)

AMT DUE: **1,576.80**
BAL FWD: 0.00
DUE BY: 11/13/26

AMT ENCLOSED: $_____
[ ] VISA [ ] MC [ ] AMEX
CARD#_____ EXP____