

**Patient Name - Billing Summary - DOI - MM/DD/YYYY**

Total Expenses		Charged Amount	Insurance Pending	Paid Amount	Write-off Amount/Adjustments	Balance
ABC Orthopedics	Office Visit, X-ray, Therapy Visit	\$10,100.00	\$0.00	\$1,809.25	\$7,428.23	\$862.52
XX Health Imaging	MRI	\$9,045.00	\$0.00	\$0.00	\$0.00	\$9,045.00
<b>Total</b>		<b>\$19,145.00</b>	<b>\$0.00</b>	<b>\$1,809.25</b>	<b>\$7,428.23</b>	<b>\$9,907.52</b>

ABC Orthopedics		Charged Amount	Insurance Pending	Paid Amount	Write-off Amount/Adjustments	Balance
08/28/YYYY	X-ray	\$225.00	\$0.00	\$43.03	\$181.97	\$0.00
08/28/YYYY	X-ray	\$175.00	\$0.00	\$43.03	\$131.97	\$0.00
08/28/YYYY	Office Visit	\$518.00	\$0.00	\$181.90	\$336.10	\$0.00
09/04/YYYY	Therapy Visit	\$136.00	\$0.00	\$26.80	\$109.20	\$0.00
09/04/YYYY	Therapy Visit	\$151.00	\$0.00	\$30.74	\$120.26	\$0.00
09/04/YYYY	Therapy Visit	\$129.00	\$0.00	\$24.71	\$104.29	\$0.00
09/04/YYYY	Therapy Visit	\$463.00	\$0.00	\$74.65	\$388.35	\$0.00
09/11/YYYY	Therapy Visit	\$272.00	\$0.00	\$53.60	\$218.40	\$0.00
09/11/YYYY	Therapy Visit	\$151.00	\$0.00	\$30.74	\$120.26	\$0.00
09/11/YYYY	Therapy Visit	\$162.00	\$0.00	\$33.98	\$128.02	\$0.00
09/18/YYYY	Therapy Visit	\$272.00	\$0.00	\$53.60	\$218.40	\$0.00
09/18/YYYY	Therapy Visit	\$151.00	\$0.00	\$30.74	\$120.26	\$0.00
09/18/YYYY	Therapy Visit	\$162.00	\$0.00	\$33.98	\$128.02	\$0.00
09/25/YYYY	Therapy Visit	\$136.00	\$0.00	\$26.80	\$109.20	\$0.00
09/25/YYYY	Therapy Visit	\$151.00	\$0.00	\$30.74	\$120.26	\$0.00
09/25/YYYY	Therapy Visit	\$162.00	\$0.00	\$33.98	\$128.02	\$0.00
10/02/YYYY	Therapy Visit	\$136.00	\$0.00	\$26.80	\$109.20	\$0.00

10/02/YYYY	Therapy Visit	\$151.00	\$0.00	\$30.74	\$120.26	\$0.00
10/02/YYYY	Therapy Visit	\$162.00	\$0.00	\$33.98	\$128.02	\$0.00
10/09/YYYY	Therapy Visit	\$151.00	\$0.00	\$30.74	\$120.26	\$0.00
10/09/YYYY	Therapy Visit	\$162.00	\$0.00	\$33.98	\$128.02	\$0.00
10/16/YYYY	Therapy Visit	\$136.00	\$0.00	\$26.80	\$109.20	\$0.00
10/16/YYYY	Therapy Visit	\$151.00	\$0.00	\$30.74	\$120.26	\$0.00
10/16/YYYY	Therapy Visit	\$162.00	\$0.00	\$33.98	\$128.02	\$0.00
10/23/YYYY	Therapy Visit	\$136.00	\$0.00	\$26.80	\$109.20	\$0.00
10/23/YYYY	Therapy Visit	\$151.00	\$0.00	\$30.74	\$120.26	\$0.00
10/23/YYYY	Therapy Visit	\$162.00	\$0.00	\$33.98	\$128.02	\$0.00
10/30/YYYY	Office Visit	\$421.00	\$0.00	\$66.47	\$294.53	\$60.00
10/30/YYYY	Therapy Visit	\$136.00	\$0.00	\$26.80	\$109.20	\$0.00
10/30/YYYY	Therapy Visit	\$302.00	\$0.00	\$0.00	\$240.52	\$61.48
10/30/YYYY	Therapy Visit	\$162.00	\$0.00	\$1.28	\$128.02	\$32.70
11/06/YYYY	Therapy Visit	\$136.00	\$0.00	\$26.80	\$109.20	\$0.00
11/06/YYYY	Therapy Visit	\$151.00	\$0.00	\$30.74	\$120.26	\$0.00
11/06/YYYY	Therapy Visit	\$162.00	\$0.00	\$33.98	\$128.02	\$0.00
11/13/YYYY	Therapy Visit	\$136.00	\$0.00	\$0.00	\$109.20	\$26.80
11/13/YYYY	Therapy Visit	\$151.00	\$0.00	\$0.00	\$120.26	\$30.74
11/13/YYYY	Therapy Visit	\$162.00	\$0.00	\$0.00	\$128.02	\$33.98
12/04/YYYY	Therapy Visit	\$136.00	\$0.00	\$26.80	\$109.20	\$0.00
12/04/YYYY	Therapy Visit	\$151.00	\$0.00	\$24.22	\$120.26	\$6.52
12/04/YYYY	Therapy Visit	\$162.00	\$0.00	\$33.98	\$128.02	\$0.00
12/10/YYYY	Office Visit	\$421.00	\$0.00	\$66.47	\$294.53	\$60.00
12/29/YYYY	X-ray	\$161.00	\$0.00	\$0.00	\$123.64	\$37.36
12/29/YYYY	X-ray	\$161.00	\$0.00	\$0.00	\$123.64	\$37.36
12/29/YYYY	Office Visit	\$421.00	\$0.00	\$126.47	\$294.53	\$0.00
01/19/YYYY	Office Visit	\$421.00	\$0.00	\$126.47	\$294.53	\$0.00
01/21/YYYY	X-ray	\$229.00	\$0.00	\$0.00	\$174.42	\$54.58

01/21/YYYY	Office Visit	\$421.00	\$0.00	\$126.47	\$294.53	\$0.00
02/18/YYYY	Office Visit	\$421.00	\$0.00	\$0.00	\$0.00	\$421.00
<b>Total</b>		<b>\$10,100.00</b>	<b>\$0.00</b>	<b>\$1,809.25</b>	<b>\$7,428.23</b>	<b>\$862.52</b>

<b>XX Health Imaging</b>		<b>Charged Amount</b>	<b>Insurance Pending</b>	<b>Paid Amount</b>	<b>Write-off Amount/Adjustments</b>	<b>Balance</b>
11/12/YYYY	MRI of Cervical spine	\$2,225.00	\$0.00	\$0.00	\$0.00	\$2,225.00
12/30/YYYY	MRI Joint of Upper Extremity	\$2,225.00	\$0.00	\$0.00	\$0.00	\$2,225.00
12/30/YYYY	MRI Joint of Upper Extremity	\$2,225.00	\$0.00	\$0.00	\$0.00	\$2,225.00
02/05/YYYY	MRI of Lumbar	\$2,370.00	\$0.00	\$0.00	\$0.00	\$2,370.00
<b>Total</b>		<b>\$9,045.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$9,045.00</b>