



Patient Statement

Statement date 06/02/2025 · Account # 100244819 · Statement # E-2025-0559120 · Page 1 of 1

PATIENT

Jordan A. Sample

DOB 03/14/1988 · MRN 88-204481

22 Elmwood Lane, Frisco, TX 75034

GUARANTOR

Jordan A. Sample

Relationship: Self

Coverage: Meridian PPO ·

Member ID MSP-77450213

AMOUNT DUE

\$0.00

Balance paid in full · no payment required

DATE OF SERVICE	CODE	DESCRIPTION OF SERVICE	CHARGE	YOUR RESPONSIBILITY
Office Visit — Established Patient · Summit Family Medicine — Dr. Patel				
05/14/2025	99214	Office/outpatient visit, established patient, moderate complexity	\$245.00	\$49.00
05/14/2025	36415	Collection of venous blood by venipuncture	\$18.00	\$3.60
05/14/2025	80053	Comprehensive metabolic panel	\$47.00	\$9.40
05/14/2025	83036	Hemoglobin A1c	\$38.00	\$7.60
Radiology · Summit Family Medicine — Dr. Patel				
05/21/2025	71046	Chest X-ray, 2 views	\$112.00	\$22.40
Total charges				\$460.00
Insurance adjustments & plan paid				-\$368.00
Your responsibility				\$92.00
Patient payments received				-\$92.00
Amount due				\$0.00

This itemized patient statement lists each service by date, a description with its CPT procedure code, the rendering provider, the amount charged, and the amount you were responsible for after insurance. Patient payments totaling \$92.00 were received and the balance is paid in full. Retain this statement for HSA/FSA reimbursement of your out-of-pocket medical expenses.