

Trinity Medical Group

Multi-Specialty Physicians & Diagnostics
8600 Preston Rd, Suite 300, Plano, TX 75024 · (972) 555-0133

Annual Itemized Statement

Account # 100781245
Statement # AS-MED-2025-004417
Issued 01/06/2026

STATEMENT PERIOD: JANUARY 1, 2025 – DECEMBER 31, 2025

PATIENT

Jordan A. Sample
22 Elmwood Lane, Frisco, TX 75034
Date of birth: 03/14/1988

RESPONSIBLE PARTY / COVERAGE

Jordan A. Sample (Self)
Meridian PPO
Member ID: MSP-77450213

DATE OF SERVICE	CPT	DESCRIPTION OF SERVICE	PROVIDER	CHARGE	INSURANCE PAID	PATIENT PAID
01/09/2025	99213	Office visit, established patient — sinusitis	Dr. R. Okafor	\$165.00	\$132.00	\$33.00
01/09/2025	87880	Strep A rapid antigen test	Lab	\$42.00	\$33.60	\$8.40
02/18/2025	99396	Preventive visit / annual physical, age 40–64	Dr. R. Okafor	\$280.00	\$280.00	\$0.00
02/18/2025	80053	Comprehensive metabolic panel	Lab	\$47.00	\$37.60	\$9.40
02/18/2025	80061	Lipid panel	Lab	\$55.00	\$44.00	\$11.00
02/18/2025	85025	Complete blood count (CBC) w/ differential	Lab	\$39.00	\$31.20	\$7.80
03/25/2025	98941	Physical therapy — therapeutic exercise, 2 units	Trinity Rehab	\$130.00	\$104.00	\$26.00
04/02/2025	98941	Physical therapy — therapeutic exercise, 2 units	Trinity Rehab	\$130.00	\$104.00	\$26.00
04/16/2025	73721	MRI lower extremity joint without contrast	Trinity Imaging	\$980.00	\$784.00	\$196.00
05/20/2025	99214	Office visit, established — follow-up, moderate	Dr. R. Okafor	\$245.00	\$196.00	\$49.00
06/11/2025	90686	Influenza vaccine, quadrivalent (administered 06/11)	Nurse visit	\$42.00	\$42.00	\$0.00
07/08/2025	99213	Office visit, established — dermatitis	Dr. L. Nguyen	\$165.00	\$132.00	\$33.00
07/08/2025	17110	Destruction of benign lesion (up to 14)	Dr. L. Nguyen	\$190.00	\$152.00	\$38.00
08/22/2025	99214	Office visit, established — hypertension mgmt	Dr. R. Okafor	\$245.00	\$196.00	\$49.00
08/22/2025	93000	Electrocardiogram (ECG), routine w/ interpretation	Cardiology	\$95.00	\$76.00	\$19.00
09/30/2025	36415	Collection of venous blood by venipuncture	Lab	\$18.00	\$14.40	\$3.60
09/30/2025	83036	Hemoglobin A1c	Lab	\$38.00	\$30.40	\$7.60

DATE OF SERVICE	CPT	DESCRIPTION OF SERVICE	PROVIDER	CHARGE	INSURANCE PAID	PATIENT PAID
10/14/2025	99213	Office visit, established — medication review	Dr. R. Okafor	\$165.00	\$132.00	\$33.00
11/06/2025	70450	CT head/brain without contrast	Trinity Imaging	\$720.00	\$576.00	\$144.00
12/03/2025	99214	Office visit, established — annual wrap-up	Dr. R. Okafor	\$245.00	\$196.00	\$49.00

Total charges (12 months)	\$4,036.00
Total insurance / plan paid	-\$3,293.20
Total patient responsibility	\$742.80
Total patient payments received	-\$742.80
Account balance	\$0.00

This annual statement itemizes every medical service billed to this account between January 1 and December 31, 2025 — 20 line items across the year — each with its date of service, CPT procedure code, description, rendering provider, amount charged, insurance payment, and the patient's out-of-pocket responsibility. Patient payments totaling \$742.80 were received and the account balance is \$0.00. Use this year-end statement to substantiate HSA/FSA reimbursement for the plan year.

Trinity Medical Group · (972) 555-0133 · Annual statement, plan year 2025

SAMPLE — synthetic exemplar for the CDHP Document Knowledge Library. Fictitious provider & data; not a real record and not affiliated with any real health system or insurer.