Trinity Heart & Vascular

Account Statement

1420 Coit Road, Suite 210 · Richardson, TX 75080
(469) 555-0159 · Tax ID 47-0000003 · NPI 1000000034
Provider: Marisol Vega, MD

Statement date: **08/14/2026**
Account #: **M-70155**
Statement #: **ST-2026-10510**

PATIENT
Taylor M. Sample
88 Redbud Court
Allen, TX 75013
Date of birth: 06/22/1965

RESPONSIBLE PARTY
Taylor M. Sample
Relationship: Self
Plan: Dallas ISD Medical (self)
Member ID: SAMPLE-70155

DATE OF SERVICE	CODE	DESCRIPTION OF SERVICE	CHARGE
08/12/2026	99204	Office visit, new patient — comprehensive	$310.00
08/12/2026	93000	Electrocardiogram (EKG), 12-lead w/ interpretation	$52.00
08/12/2026	93306	Echocardiogram, transthoracic w/ Doppler	$425.00

Total charges	$787.00
Insurance paid	-$560.00
Contractual adjustment	-$107.00

PATIENT RESPONSIBILITY	PAID	BALANCE
$120.00	**$120.00**	**$0.00**

PAYMENT RECEIVED
Date: 08/12/2026 Method: Visa ending 4419 Amount: $120.00 Status: Paid in full

Itemized statement of medical services actually rendered — date of service, CPT procedure codes and descriptions, provider, patient, and amount paid out of pocket. Retain for HSA/FSA reimbursement.