

Patient Receipt

Wednesday, August 12, 2009



Amount Due	Amount Paid
\$0.00	\$35.00

Federal Tax ID: 376013590

TESTING T TEST
600 LINCOLN
CHARLESTON, IL 61920

Visit Date	Description	Check #	Fee	Units	Student Discount	Actual * Cost	Patient's Responsibility
TESTING T TEST(710697001)/John B Hutchinson MD/HS106827							
	Influenza with other respiratory manifestations (487.1)						
06/22/2009	Office Visit, Est. (99213)		\$45.00	1.0	\$45.00	\$0.00	\$0.00
06/22/2009	CBC (85025)		\$15.00	1.0	\$15.00	\$0.00	\$0.00
06/22/2009	Influenza A and B screen (87804)		\$15.00	1.0	\$15.00	\$0.00	\$0.00
06/22/2009	Lab Handling Fee (99000)		\$15.00	1.0	\$0.00	\$15.00	\$15.00
06/22/2009	Chest x-ray, PA and lateral (71020)		\$70.00	1.0	\$70.00	\$0.00	\$0.00
06/22/2009	CXR Radiologist's fee (71020 26)		\$20.00	1.0	\$0.00	\$20.00	\$20.00
06/22/2009							\$0.00
06/22/2009	Payment from TEST, TESTING T						(\$35.00)

***Total Actual Cost: \$35.00**

***Actual cost is the amount to be reimbursed to the patient if submitted for insurance.**

Total Balance	Ins. Balance	Pat. Balance
\$0.00	\$0.00	\$0.00