E

Your Radiology Bill

A physician listed below was asked to ready your radiology test. These services are billed separately from the facility where your service was performed.

F

PRIMARY INSURANCE

InsuranceName	ABCHealth
Group/Plan	Group
ID Number	123456789

YOUR TRANSACTION SUMMARY

G

Date	Provider	Description	Charge	Adjustments	Insurance Payment	Patient Payment	Balance
MILLENNIUM CHIROPRACTIC							
04/13/2018	PRITCHETT	OFFICE VISIT-ESTABLISHED	$55.00	$28.23	$6.77	0.00	$20.00
MANA MRI							
04/02/2018	IMAGING	X-RAY SPINAL 1-2 REGIONS	$55.00	0.00	0.00	$20.00	0.00
				TOTAL AMOUNT DUE			$20.00