

NORTHWIND GENERAL HOSPITAL

PATIENT STATEMENT

Itemized charges

1200 Medical Center Drive · Springfield, IL 62701
(217) 555-0100 · billing@northwindgeneral.example

BILL TO

Jordan Rivera
1200 Sample Street
Springfield, IL 62704

Statement Date	07/02/2026
Account Number	4471-B
Medical Record No.	00-44710
Date of Service	06/14/2026
Payment Due By	08/01/2026

DATE	DESCRIPTION	CODE	QTY	CHARGES
06/14/26	Emergency dept — facility fee, Level 4	REV 0450	1	\$1,240.00
06/14/26	Emergency dept visit, high complexity	CPT 99285	1	\$921.00
06/14/26	Emergency dept visit, high complexity	CPT 99285	1	\$921.00
06/14/26	Medical/surgical supplies (misc)	REV 0270	1	\$189.00
06/14/26	Pharmacy — general	REV 0250	1	\$96.50

Total charges	\$3,367.50
Insurance payments	\$0.00
Adjustments / discounts	\$0.00

PATIENT BALANCE DUE	\$3,367.50
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Remit payment to: Billing Department, Northwind General Hospital, PO Box 4471, Springfield, IL 62701
Payment is due within 30 days of the statement date. For questions about this bill, call (217) 555-0100.
You have the right to request a fully itemized statement and to dispute charges you believe are incorrect.

RETURN THIS STUB WITH PAYMENT

Account #4471-B · Jordan Rivera

Amount due

\$3,367.50

Amount enclosed: _____