Summit Health Network

Summit Family Medicine · 4400 Louisiana St, Houston, TX 77204 · (713) 555-0170

Statement viewed online
mysummithealth.org
Guarantor # SG-4471902

Patient Statement

Statement date 06/02/2025 · Account # 100244819 · Statement # E-2025-0559120 · Page 1 of 1

PATIENT
Jordan A. Sample
DOB 03/14/1988 · MRN 88-204481
22 Elmwood Lane, Katy, TX 77034

GUARANTOR
Jordan A. Sample
Relationship: Self
Coverage: Meridian PPO · Member ID MSP-77450213

AMOUNT DUE
$0.00
Balance paid in full · no payment required

DATE OF SERVICE	CODE	DESCRIPTION OF SERVICE	CHARGE	YOUR RESPONSIBILITY
Office Visit — Established Patient · Summit Family Medicine — Dr. Patel				
05/14/2025	99214	Office/outpatient visit, established patient, moderate complexity	$245.00	$49.00
05/14/2025	36415	Collection of venous blood by venipuncture	$18.00	$3.60
05/14/2025	80053	Comprehensive metabolic panel	$47.00	$9.40
05/14/2025	83036	Hemoglobin A1c	$38.00	$7.60
Radiology · Summit Family Medicine — Dr. Patel				
05/21/2025	71046	Chest X-ray, 2 views	$112.00	$22.40

Total charges	$460.00
Insurance adjustments & plan paid	-$368.00
Your responsibility	$92.00
Patient payments received	**-$92.00**
Amount due	**$0.00**

This itemized patient statement lists each service by date, a description with its CPT procedure code, the rendering provider, the amount charged, and the amount you were responsible for after insurance. Patient payments totaling $92.00 were received and the balance is paid in full. Retain this statement for HSA/FSA reimbursement of your out-of-pocket medical expenses.