Trinity Medical Group

Multi-Specialty Physicians & Diagnostics
8600 Westheimer Rd, Suite 300, Sugar Land, TX 77024 · (281) 555-0133

Annual Itemized Statement

Account # 100781245
Statement # AS-MED-2025-004417
Issued 01/06/2026

STATEMENT PERIOD: JANUARY 1, 2025 – DECEMBER 31, 2025

PATIENT

Jordan A. Sample
22 Elmwood Lane, Katy, TX 77034
Date of birth: 03/14/1988

RESPONSIBLE PARTY / COVERAGE

Jordan A. Sample (Self)
Meridian PPO
Member ID: MSP-77450213

DATE OF SERVICE	CPT	DESCRIPTION OF SERVICE	PROVIDER	CHARGE	INSURANCE PAID	PATIENT PAID
01/09/2025	99213	Office visit, established patient — sinusitis	Dr. R. Okafor	$165.00	$132.00	$33.00
01/09/2025	87880	Strep A rapid antigen test	Lab	$42.00	$33.60	$8.40
02/18/2025	99396	Preventive visit / annual physical, age 40–64	Dr. R. Okafor	$280.00	$280.00	$0.00
02/18/2025	80053	Comprehensive metabolic panel	Lab	$47.00	$37.60	$9.40
02/18/2025	80061	Lipid panel	Lab	$55.00	$44.00	$11.00
02/18/2025	85025	Complete blood count (CBC) w/ differential	Lab	$39.00	$31.20	$7.80
03/25/2025	98941	Physical therapy — therapeutic exercise, 2 units	Trinity Rehab	$130.00	$104.00	$26.00
04/02/2025	98941	Physical therapy — therapeutic exercise, 2 units	Trinity Rehab	$130.00	$104.00	$26.00
04/16/2025	73721	MRI lower extremity joint without contrast	Trinity Imaging	$980.00	$784.00	$196.00
05/20/2025	99214	Office visit, established — follow-up, moderate	Dr. R. Okafor	$245.00	$196.00	$49.00
06/11/2025	90686	Influenza vaccine, quadrivalent (administered 06/11)	Nurse visit	$42.00	$42.00	$0.00
07/08/2025	99213	Office visit, established — dermatitis	Dr. L. Nguyen	$165.00	$132.00	$33.00
07/08/2025	17110	Destruction of benign lesion (up to 14)	Dr. L. Nguyen	$190.00	$152.00	$38.00
08/22/2025	99214	Office visit, established — hypertension mgmt	Dr. R. Okafor	$245.00	$196.00	$49.00
08/22/2025	93000	Electrocardiogram (ECG), routine w/ interpretation	Cardiology	$95.00	$76.00	$19.00
09/30/2025	36415	Collection of venous blood by venipuncture	Lab	$18.00	$14.40	$3.60
09/30/2025	83036	Hemoglobin A1c	Lab	$38.00	$30.40	$7.60

DATE OF SERVICE	CPT	DESCRIPTION OF SERVICE	PROVIDER	CHARGE	INSURANCE PAID	PATIENT PAID
10/14/2025	99213	Office visit, established — medication review	Dr. R. Okafor	$165.00	$132.00	$33.00
11/06/2025	70450	CT head/brain without contrast	Trinity Imaging	$720.00	$576.00	$144.00
12/03/2025	99214	Office visit, established — annual wrap-up	Dr. R. Okafor	$245.00	$196.00	$49.00

Total charges (12 months)	$4,036.00
Total insurance / plan paid	-$3,293.20
Total patient responsibility	$742.80
Total patient payments received	**-$742.80**
Account balance	**$0.00**

This annual statement itemizes every medical service billed to this account between January 1 and December 31, 2025 — 20 line items across the year — each with its date of service, CPT procedure code, description, rendering provider, amount charged, insurance payment, and the patient's out-of-pocket responsibility. Patient payments totaling $742.80 were received and the account balance is $0.00. Use this year-end statement to substantiate HSA/FSA reimbursement for the plan year.