



4500 San Pablo Road  
Jacksonville, FL 32224-1865

If you have any questions about your account, please call: 844-217-9591

### Itemized Statement of Charges

Patient Name	Account ID
Isaac Statement	1000111723

#### Addressee

Isaac Statement  
12 Hillary St  
chippewa falls WI 54729

#### Guarantor ID: 21716

Statement Date: 02/13/18  
 Provider: James P Mannion, M.D.  
 MCHS WI La Crosse Campus Clinic  
 This is not a bill. This is an itemization of services for account 1000111723 for patient Isaac Statement.

Patient Name	Account ID	Dates of Service	Visit Balance
Isaac Statement	1000111723	05/11/17 - 05/11/17	\$316.48

### Professional Charges

Date of Service	Procedure Code	Procedure Description	Dx Code	Qty	Charge Amt
05/11/2017	82465	ASSAY, BLD/SERUM CHOLESTEROL	Z00.00	1	\$62.00
05/11/2017	99214	OFFICE OUTPATIENT VISIT LEVEL 4	Z00.00	1	\$282.00
<b>Total professional charges:</b>					<b>\$344.00</b>

### Professional Payments and Adjustments

Description	Amount
Self-Pay Discount - 05/11/17	-\$27.52
<b>Total professional payments and adjustments:</b>	<b>-\$27.52</b>

**Visit Balance: \$316.48**