K.D. Bullock
Director

A Division of the Virginia Workers' Compensation Commission

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Itemized Statement/Bill Description

1. Provider(s) name, address, and phone number
2. Patient Name/Account Number
3. Date(s) of Service (actual dates services were provided)
4. Description of the service provided

ABC Hospital, LLC
1234 Your Street
Anywhere, VA 23223
(123) 456-7890 Phone number
(789) 345-6780 Fax number

Patient Name:
Jane Doe
Account number:
123

Date of Service	*Description/Code*	*Amount*
07/01/2011	Initial Hospital Care-High Comp	$525.00
07/01/2011	Doppler Echo Exam, Heart	$72.00
07/01/2011	Transthoracic Echocardiography	$247.00
07/01/2011	Anesthesiology, Surgery of Femur	$2070.00
07/01/2011	X-Ray Exam of Thigh	$37.00
07/14/2011	Insurance Payment	$2000.00
07/15/2011	Insurance Payment	$800.00

Total Charges adjusted/paid by insurance $2951.00
Patient Responsibility $151.00

5. Usual and Customary Charge for each service provided

6. Total Charges adjusted/paid by insurance

7. Charges Due after insurance if applicable