MEDICAL INVOICE

Bill From

ALDER CREEK MEDICAL GROUP
LENA PARK MD
1200 RIDGELINE DR STE 210
AUSTIN, TX 78731
(512) 555-0170

Bill To

AVERY MORGAN
4607 WILLOW BEND LN APT 204
AUSTIN, TX 78731
CHP0842719
PT-04217

INVOICE NUMBER

MI-260416-04217

Invoice date: 04/16/2026

Service date: 04/15/2026

Claim reference: CLM-260415-04217

Medical Services Performed	Rate	Total
99213 Established patient office visit	$250.00	$250.00
85025 CBC with automated differential	$100.00	$100.00
80053 Comprehensive metabolic panel	$250.00	$250.00
Units: 1 per line | Place of service: Office (11)		
Diagnosis: R53.83 - Other fatigue		

TOTAL CHARGES	**$600.00**
Patient payment received 04/15/2026	**$30.00**
Charges less patient deposit	**$570.00**

INSURANCE PROCESSING

Primary plan: Cedar Choice PPO / CEDAR HEALTH PLAN
Member CHP0842719 | Group GRP-04217
Insurance payment and contractual adjustments are pending as of this invoice date.
The $570.00 shown above is not the final amount owed by the patient.
A separate patient statement follows insurance adjudication.

Questions: billing.aldercreek.example | (512) 555-0170

GRITWORKS SYNTHETIC SAMPLE | NOT AN ISSUED RECORD | GW-IN-04217